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REPORT ON PHYSIOLOGY.*

READ BEFORE THE HOMŒOPATHIC SOCIETY OF OHIO,
BY J. D. BUCK, M. D., CINCINNATI, O.

PART II.

AMONG the literary productions of the past year are several works of great merit and interest to the student of physiology, but of these I shall call attention to but two, one of which is already familiar to most physicians of our school. The other may have been studied by some, and repudiated by others. I refer to Grauvogl and Herbert Spencer. There is one principle enunciated by these writers which no advocate of dynamic force can afford to overlook. I refer to the so-called "reciprocal action" of Grauvogl and the "polarity" of Spencer. The latter writer in the recently issued 5th part of his Psychology, viz: "Physical Synthesis," has made an addition to our knowledge of organization and specific function of incalculable value, and although we may never be able to answer the question, "How do drugs act in curing disease?" and "What is disease?" yet, if we are to comprehend the scope of these inquiries, our investigations lie directly in the line of the propositions here advanced, propositions in the eluci-

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*Report on Medicine and Surgery, Sydenham Society, 1867, Annual of Scientific Discovery, Gould and Lincoln.

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dation and illustration of which much has been added by these writers.

The aim, and I may say the result of these investigations is to discover and to harmonize the relations between psychology and physical organization. It has heretofore been the custom to take two terms of a series that is in its very nature infinite, and regarding one of them as a *cause* and the other as *effect*, to draw final conclusions regarding phenomena or function, thus ignoring alike that which precedes and that which follows. In the propositions referred to, as well as in the whole tendency of modern scientific thought, it is the aim, while pursuing investigations from any given point, to regard this point, or the central fact, as but one of a succession of phenomena; and with a broad and comprehensive view it is evident that what at a given point may be regarded as a consequent, becomes in its turn a cause, and the cause the result of a preceeding cause. So that the terms cause and effect refer only to the relation of phenomena in the order of succession.

Now, this broad and comprehensive view of phenomena—this generalization—is not only the "key note" of the philosophy of Spencer and Grauvogl, but of modern science, and when we fail to comprehend this infinite unity of nature and its manifestations, we may content ourselves with a name like "vitality," for manifestations the beginning and the end of which are alike unknown.

Cause and effect, then, being but terms of relation, and all phenomena being but the manifestations of matter, it follows that all scientific knowledge is a *knowledge* of *relations*. Hence we come to consider as physicians the various *relations* of man's *organism*. First, its several parts with the whole and with its fellows. Second, its relations to morbific agents, as disturbers of harmony and as curative agents.

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Now, knowledge of *entity* and *essence* is absolute knowledge, hence infinite knowledge and our sole knowledge of matter and force, is a knowledge of their relations.

Physicians, from all time, have regarded drugs both as disturbers of health or poisons, and as curative agents, thus placing the same agent in diametrically opposite relations to the organism, and yet, instead of carefully studying these relations, and making knowledge thus gained a basis for practice, they have jumped at conclusions, and often entirely obliterated the distinction which the Almighty himself has established between a poison and a medicine, one being the relations of a drug to a healthy, and the other its relation to a diseased condition of body. Hence is made true the assertion which declares, "the medicines (or drugs) they have have killed more people than cured."

In a condition of health, the several parts or organs of the body are in perfect harmony with each other and with the whole, and not only does "reciprocal action" take place between the organs themselves and between them and the organism, but going still further back we find it manifest between the integral parts of which the organs and tissues are composed; and so perfect and intimate are these relations that to disturb the natural condition of one of the simplest molecules disturbs the harmony of the whole; and to disturb the harmony of the *whole* is death, interstitial in one case, and corporeal in the other. This does not refer to those processes of differentiation whereby a higher type and more specific function is evolved; for this evolution is in harmony with the relation of the individual to the species, according to the law of nature.

Now, the relation of the organism in perfect health to all morbific agents is a *positive* relation, and the attitude of the morbific agent to the organism is also *positive*, hence repulsive; but there is this difference: that while the condition of the morbific agent *remains positive*, the relations of the organism do not so remain; and when, from any cause, it becomes negative, it may be said to attract disease, or the morbific agent. Without this power of changing its relations, there could be neither growth, development, or evolution.

Now, we may take as a predisposing cause of disease, or as the cause of the change in the organism from a positive to a negative condition, a mental emotion, viz: fear. During an epidemic of cholera, a proper regard for all the laws of health by which the perfect harmony of the body with itself and its surroundings is preserved, with a healthy psychological condition, will be *absolute proof* against contagion; whilst exposure to cold, to damp night air, with absence of sunlight, errors of diet and the like, will invite an attack, by disarming the organism of its resistance. But suppose every physical requirement is met, and yet abject *fear* of the disease takes possession of an individual, his face becomes palid and his lips bloodless, his heart beats feebly, and his knees quake, and he is disarmed of all resistance, and he sinks to the earth in "*collapse*," and dies, often in a few moments, although he may have resisted for weeks all encroachments of "malaria," or "germs," or whatever you may please to call this terrible scourge. These predisposing causes of disease, are such as effect the organism as a whole, disarming it of its resistance, or placing it in a negative, hence receptive condition to exciting causes, which act locally.

This *positive* condition of the organism is the *vis medicatrix naturæ*, and recuperation depends upon its restoration, and is largely hygeinic. Hence, to restore this condition of the organism, and the harmony of its several parts, is the province of the physician. If an intangible mental emotion be sufficient to disarm the body, and cause speedy death, who shall declare how small a portion of a drug may be necessary to restore harmony to the infinitesimal parts of which the tissues are composed.

Is not, then, a true science of therapeutics comprehended in the *specific relations* of the drug to the tissues, rather than a question of *quantities*, the latter to be determined by the susceptibility of the tissue, or the fixedness of the departure.

Bearing in mind the idea of "polarity, or "reciprocal action," let us see how it applies to so called disease, of a local and acute form. Let me quote from the "Physical Synthesis" of Spencer: * * "Motion, once set up along any line, becomes itself a cause of subsequent motion along that line." "When there is any thing in the circumstances of an animal's life involving that a sensation in one particular place is habitually followed by a contraction in another particular place—when there is thus a frequently repeated motion through the organism between these places, * * * then a subsequent motion between these two points will meet with less resistance along this channel than the previous motion met with; and will consequently take this channel more decidedly." "Obviously any muscular agitation spreading from a center will go farthest along routes that offer least resistance." "What routes will these be? Those along which there lie most molecules that are easily changed by the diffused molecular motion, and which yet do not take up much molecular motion in assuming their new states." "Now in the case before us we have not a motion of matter over matter, but a transfer of molecular motion from molecules to molecules." * * "Once more: Every addition to the molecular motion transmitted, adds to the effectiveness of each discharge in overcoming an obstacle." "Suppose the greater part of its channel has become tolerably permeable, but that at some place in it the colloid matter is less transformed than elsewhere into the fit type. Then the more the rest of its channel increases in permeability, the more powerful must be the wave of molecular motion brought to bear on the untransformed part, and the greater must be the tendency to transform it." * * "Hence, if through a line of colloid molecules wholly out of polar arrangement, there pass successive waves of molecular motion, each will help adjacent molecules toward polar arrangement, or state of equilibrium." Now, these principles will be found to apply alike to the primary process of organization and development, and to the restoration of equilibrium, or polarity, or harmony, from diseased conditions. Disease may be regarded, when localized, as inharmony of relations; hence non-polarity; and the aim is evidently to restore "reciprocal action," or harmony. The curative range of a drug, as well as its power to poison the organism, depends upon its relations to a particular part; hence its action will be most active in those colloids * * along which there lie most molecules that are easily changed by the diffused molecular motion." And here we find the "*sphere of action*" of the drug. And from these inherent relations, the greater part of the channel being "tolerably permeable" the whole force of the wave of molecular motion is not only brought to bear upon the non-polarized or diseased part, but the molecular motion resident in the colloids, facilitates greatly this restoration. Now, as the condition of the several colloids and territories of the organization is the result of a succession of changes by which development has been produced, so also is the characteristic of the drug determined by its organization, which is also the result of a succession of changes, either organic, or the result of physical forces as in crystalization.

Let us take an illustration of this polar arrangement. A series of blocks standing upon a line presenting parallel faces in succession.* Then suppose at a given point one number of the series presents an angle either more or less than a right angle to the line of tne series. Let the previous relations represent the term "polarity," and this deviation represents disease. Then to restore the polarity would be to remove the disease. This would evidently imply neither addition nor subtraction, but simply a *change* of *relations*. Now, in the transmission of molecular motion through the series, it is not desired that the force applied at one end of the series, should be transmitted in excess to the other end, but simply suffiec to restore the polarity of the series. To accomplish this, we bring to bear the specific action of a drug which is already intimately related to the series, its relation having previously been determined by experiment, or "*proving*." Now every equivalent of force or molecular motion which reaches the farther end of the series in excess, is a drug aggravation; hence a cause of disturbance, and may be a poison. This excess however, will not prevent the restoration of polarity to the series, but may create an undue *intensity* of action, which, unless too long combined, will not seriously disturb the harmony of the organism.

The sphere of action of a drug in that portion of the organism most easily overcome by its action, or that tract along which colloids offer least resistance, there being a correspondence in the inherent molecular force of drug and tissue, due to the process of organization. And the manifestation of the drug action is generally an *increased intensity of normal function*, and not the addition or manifestation of a force entirely foreign to the organism.* Or, in other words, the deviation from the normal standard is one of *degree*, rather than *kind*. (I refer now to drug action proper, as distinguished from those substances which act directly, either chemically or mechanically.) Now comes the inquiry; How is it that one and the same substance may be both a disturber and a restorer of harmony? a poison, or a medicine? I answer, because the polarity of the drug remaining unchanged, while that of its sphere of action, or the colloids most easily affected by it, has become by disease changed in polarity, the relation of the two becomes diametrically opposite of what it was before.

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*See Spencer's Synthesis.

In the first instance two positive polarities having been brought together, the organism repels the morbific agent by virtue of these inherent relations, until, being overcome by it, its polarity becomes changed, and it embraces and is swallowed up by its destroyer—is, in short, "*poisoned*."

In the second instance, the colloids are already in a negative polar condition, while the polarity of the drug is unchanged, and attraction first takes place, to be followed by repulsion as soon as polar equilibrium has been restored, which condition of repulsion is the natural relation existing between the colloids and the drug. The power of drugs to cure disease, therefore, depends upon *quality*, and the relations naturally existing between them and the organism. Hence the question of potency can never become a primary question, provided the drug is not given in poisonous doses.

Between the drug and the organism repulsion takes place up to a certain point, which point is never reached by the ordinary dose, or even the lowest potencies,

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*So is disease generally an increased *intensity* of action.

while the limit of power at the other extreme, is solely a question of the divisibility of matter, the limit of which has not yet been reached even by the solar spectrum, which puts "*low potencies*" to the blush by the infinitesimals with which it deals.

I have already occupied too much of the time of the Society, and yet regarding the questions here involved of no secondary importance, I could not well say less, and still hope to cast any light upon this all important question. It is asserted that our theories are but feeble scintillations of the imagination, when in fact they are substantial entities—the natural relations established by the Almighty himself, which it is far easier for the indolent and ignorant to repudiate, than to comprehend. Physical science is to-day building for Homœopathy a bulwark stronger than the everlasting hills; for *truth* is immortal and unconquerable, and error flies before it as darkness before the rising sun. Did not Hahnemann declare that it was *God's law*, which he had been permitted to discover? How weak beside this law appears the poor device of man. Let us seek in all humility to comprehend and to obey it.

HEALTH AND DISEASE.

BY LEWIS BARNES, M. D., DELAWARE, OHIO.*

THE end of the physician is to understand and cure disease. For this he reads Anatomy and Physiology, Materia Medica, Pathology, Therapeutics, and whatsoever else may come within his course.

What, then, is disease in its essential nature? The Dictionary answers, "Any deviation from a state of health." Wood answers, "Morbid states." Marcy and

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*Delivered at the Cleveland Homœopathic Hospital College, Jan. 8, 1872.

Hunt says, "Some deviation from a state of health." Teste says, "Disorder of the functions whose ensemble constitutes life, and whose regular exercise constitutes health." These, together with all other definitions we have seen, afford us really but little light. To say that sickness is departure from a state of health amounts to nothing, till we know what health is, and the way or manner of its loss. I propose to step forth on this undiscovered realm and see if something can be seen.

The first thing to be noted is the fact that man—both male and female—is a spirit, mind or soul, as well as a material body, and that his diseases are of both departments. There is a medium, or bond, or link of something, far within the rough material substance, which connects it with the finer mental. And through this medium the mind works down into the body, governs, organizes, forms and shapes it. The spirit orders, and the body moves, stops, stands, sits, lies down. The passions of the mind work down or out into the body, and the face, arms, hands, chest, aspect, all assume the lineaments and *shape* of anger, hatred, love, joy, grief or scorn. And if some special passion gains and keeps control, the body grows into its form, is moulded permanently to its likeness. These facts are manifest before the eyes of all. And thus whatever things affect the spirit are brought down and often fixed within the body.

And hence diseases of the spirit must be wrought into the flesh. Thus all diseases evidently came at first. Theology declares that if man had not sinned he would not have been sick; and even infidelity assents to this, doubtless, because it is a truth of science also.

Now, what is health of mind, and thence of body? And what is disease of mind, and therefore of the body? A healthy mind is doubtless one that is pure,—whose affections are on goodness and virtue, and whose thoughts are truthful and wise. An impure mind, whose loves are evil and whose thoughts are false and foolish, is as evidently out of health. A consequent disorderly and impure life is correspondingly unsound. We say of such a one that he is *morally* diseased---foul, cankered, loathesome, and contaminating in his influence.

The body, no less certainly, is healthy when pure in all its fluids, solids and attenuated essences, and when the functional movements are in due order; and unhealthy when impure in solids, fluids and attenuated essences, and disorderly in movement. This correspondence is according to the law of similars.

According to the same law we may say that fever (heat or burning in the body) came, and comes, from burning passion, from fierce anger, intense hatred, fell revenge, corrosive envy, restless pride, and the heats of lewdness.

We should also look for *coldness* in disease, or cold diseases, since we recognize the fact that there are cold hearts as well as burning passions pertaining to the soul. These often seem to interchange or follow in succession. The coldness of hatred and aversion follows or attends revenge or injury, licentiousness, or violence to virtue. A cold aversion seems to rise spontaneously against those we injure in the violence of anger. The libertine grows very cold with them with whom he spends the heat of passion. Hence the shifting chills and heats of fever in the body.

But the cold lies deeper in the soul than does the heat. Passions burn chiefly in the flesh, while hatred and selfishness freeze up the inner life; and in a corresponding way the cold and swooning fevers—the congestive chills of difficult or no reaction—are more profound, malignant, deadly.

Some evil things within the mind are also deeper in their *grade* or *kind* than mere unhallowed passion, however burning, cold, or malignant it may be. There may exist "malice aforethought," with a superadded craft and cunning, which deliberately plots and plans to set mankind at variance, that they may be subdued and weakened, and subjected to some ugly love of power or domination, all sense of right and justice being set at nought, and all the finer feelings of the soul repudiated. Such deep disorder in the mind, so detrimental to its higher qualities, must, in working down and out, contaminate the finer fluids of the brain and nerves and spinal marrow. And the consequence must be disturbance or destruction of the mental faculties,—insanity, fear, stupor,—then tuberculous deposit, softening, dropsy or some other brain or nerve disease.

There are still deeper evils of the mind, those which to craft and predetermined malice with repudiation of all right and justice, add intense hypocrisy; where *seeming* justice, gravity, and noble dignity conceal the deepest general corruption, and where really there is a disbelief in justice, truth, or any sort of virtue; where there is no conscience, and where deep infernal vengeance lurks in readiness to spring on all that may oppose. Such evil in the spirit must induce the most extreme exhaustion of the better life. And there must be an agony and anguish equal to the horror of the evil harbored, for such is the law of recompense by which the spirit suffers for its evils. These unnameable corruptions of the soul, therefore, benumb all real life, and *should*, when working down into the flesh, induce disease marked by the greatest weariness and torpor. And accordingly the common feeling in our worst diseases finds expression in the oft repeated phrase "so tired."

It is well known (in confirmation of such views) that idleness and bitter selfishness of mind, with groveling and unchecked indulgence of the appetite, induce dreadful oppressions of the stomach, not unfrequently attended by stiff, numb, aching, gouty joints. And that with such uneasiness and painful heaviness about the stomach there is often great anxiety and heaviness of mind,—"blues," horrors, dreadful enui—and frequently religious melancholy, torments of conscience without reason, or vague fear of unknown evil.

It is well known, likewise, that habits of licentiousness arising from pollutions of the mind, induce disease upon the system even to the bones and teeth, with horrid nervous pain. Tormenting nodes (knots) are formed especially upon the "shin" bones and the skull.

That all the blood is vitiated and diseased by these and other vices of the mind, must follow from such facts. Innumerable disorders or diseases cannot but result. They have resulted. Many of them have been heretofore examined and described, as they appear within the body. This external record fills our books on practice and pathology. Our students learn it, and our lecturers expound it to their classes. Very good. They must do so. They cannot yet do more; would not be comprehended if they should. But there will be a time, I think, when our descriptions of disease will follow each disorder through its hiding places in the mind and body both.

And now we reach again our leading question, which our books have failed to answer: "What in its essential nature *is* disease? Or, how is it induced?" If in the body it is the effect of evil in the mind, how does it get into the mind? Perhaps we may answer by inquiring, Whence comes purity of spirit, which is health, of which disease is but the back or opposite. And how is purity of spirit or intention lost, which is of course disease in its beginning?

Whence then comes the good which makes man virtuous and well? Does he make it for himself? Impossible, for if he did he could make more, if he should chance to lose it. But, since the good is greater than all things, none can originate it but a God—which man is not, for he is mortal,—cannot lay his life down of himself, nor take it up again, and hence, has not the power of life and good within himself. He must, therefore, receive goodness, virtue, truth, or mental health, from Him who is the All-Creative, or Begetting.

It follows that if man fails to receive the good, wherein alone is health, or ceases to receive it, he becomes thereby diseased in soul or spirit, since disease is mere departure from a state of health; and we have seen that maladies of mind work down into the body.

But how does man become diseased in spirit, that is, positively bad, by turning from the good and merely failing to receive it? Or, why is simple want of health disease? It is according to the working of a law which operates in all things, physical and mental. Even the purest water from a mountain spring, when cut off from the fountain, will become corrupt. Pure air, if disconnected from the atmospheric heavens, will become unfit to breathe—destructive, laden with disease. The purest blood, when shut off from the aural fount of oxygen within the lungs, becomes impure and deadly. So when the soul and life of man are turned away, and closed against the animating life of Him who is the Good, the soul and life so shut off must become corrupt, and thus diseased. That which was pure and living, when cut off from the source of life, dies, and dead things putrify. This is according to the law of things. It is contained within the constitution of the universe. According to this law man fell at first, as stated in the Record. He undertook to be "as gods, knowing good and evil,"—having in himself the fount of knowledge of the right and wrong. And then his nature became putrid and diseased, for then he died. Thus man continues also to corrupt himself. And thus again the Book, reason and science, are together in their teaching; and by their mutual assistance we may understand the nature of disease.

The analogy goes further :—An impure mind, or one with tendencies perverted, can embrace, imbibe and practice falsities and evils from the minds and lives of others. This may be effected through the senses—through the hearing of the false, the seeing of the ill, or even presence, contact, "sphere." So may the impure body, or the system which has tendencies implanted in it to disease of various kinds, contract them by contagion or infection—by the touch, the breath, the presence, the emanating sphere. And not only from immediate contact or association with the race of fellow-sinners, but from the corruptions or contaminations of dead matter, even mineral and vegetable. How is *this* corrupted and imbued with evil properties? We may reply that sometimes, in the vegetable kingdom, doubtless it arises from decay, when plants are broken from their source of life. That which was healthy sap within the living stalk is now contaminating and destructive. An effluvia of death or sickness rises. We call it by some name, *malaria* perhaps, which simply means *bad air ;* or we term it *miasm*, which only signifies *corruption*. But if it be asked why other things which are not dead and thus dissolving and decaying, bring disease, as certain poisonous living plants or animals, we answer that perhaps we cannot altogether tell as yet. Science has not wrought the problem fully out. We see that so it is. And we may be content awhile to answer in the language of the Writing, "Cursed is the ground for thy sake."

And, furthermore, these evil tendencies, or dispositions, or diseases, of both mind and body, are transmitted from the parent to the child. This has been known for ages. But the wonderful analogy between such maladies of mind and body as are more particularly known to be hereditary, has perhaps not been observed :

Insanity, for instance, or the tendency to lose control of things within the mind, so that they run out loosely or at random, has been noted for its aptness to descend. Such, also, is the case with drunkenness, which the ancient Greeks were wise enough to call brief insanity, in which the mind and body both swing loosely and at random. And, how prone a mind disturbed and shattered, crazed by disappointment, or calamity, or any thing, is found to seek the vagaries and vain delusions of strong drink, as if there were a bond of fellowship between them. Who cannot perceive that drunkenness and craziness are near allied ? But one arises from perversions in the mind, the other from perversions in the body.

And, not only do insanities or shattered tendencies of the intelligence, with corresponding physical infirmity, pass downward by descent, but broken virtues or moral turpitudes, descend likewise,—and with them corresponding physical disease. A noted instance is licentious passion, even in the special forms of its indulgence. It has been noticed that such offspring as are born before the proper time after the marriage of their parents, are more liable to "slip" than those which follow afterwards. And that the illegitimate, in general, fall easily is quite notorious. No ordinary training seems to render them secure. No family in which they are received and bred is free from danger of contamination by their presence. Poor unfortunates!

Begotten and born wrong—under an evil star! And that the physical disease which corresponds, which is an out-birth of licentious habits, is transmitted as a horrid curse, is known to all.

Indeed, all chronic habits of the soul and spirit, and all chronic maladies of body, seem to be hereditary. And that each one among the mental has its corresponding fellow in the physical, is altogether probable. Analogy, from all the facts discovered, points this way. Let such as would be wise in medicine investigate this yet untrodden field.

But the *chronic* maladies of body and tendencies of mind are not alone hereditary, for the same is true of *active* passions or diseases. Strong impressions or excitements of the mind, at or about the time of generation and gestation, are quite liable to re-appear upon the children. And children are born, sometimes, with intermittent fever, measels, or the small-pox, or some other acute disease with which the parent chanced to be afflicted.

Further witness of this double nature of disease, of which we have been speaking, may be seen even in the meaning of the names we are obliged to call it by. The term disease itself is *dis*-ease, want of ease—referring quite as much to mind as body. *Sickness* literally means *nausea* or *loathing*, nausea being predicated of the body, loathing of the mind. Illness means *evil* or *badness*, and is applicable to the mind especially. *Ailment* means *tremble* or *uneasiness*, another mental term. *Malady* is *softness* or *debility*, which may apply to either mind or body. *Distemper* simply means *out of temper*. *Disorder* seems to comprehend the whole,—the want of ease, the nausea or loathing, illness or badness, trouble, debility and evil temper—all the terms by which we call the unsound state.

It may be concluded, therefore, that disease is deep—deep as the being of the man, deep as the woman, deep as sin. It is an evil chain of guilt and suffering, linked to the soul at one end, to the body at the other. It is burning passion in the soul, and fever in the flesh. It is cold-heartedness within the spirit, and cold shaking in the body. It is alternate evil passion and disgust, with interchanging chills and fevers. And, as coldness at the heart is more destructive to the soul, so chills without reaction are more deadly in the blood. As, furthermore, long-harbored malice, wrath or envy or unscrupulous ambition in the mind, destroy more perfectly the finer qualities of heart and intellect, leading at last to stupor and insanity, so do the latent hectics eat away the finer tendrils and pollute the fluids of the brain and nerves and blood, and leave the debris somewhere as tubercular deposit, or as dropsical effusion. And terrible as is the agony and weariness and anguish of revenge and fury in the mind of those, who in the garb of justice, friendship and religion, disbelieve in their existence even, so is the weariness and horror of our leprosies and corresponding ulcerations, cancers, putrid fevers, and the like.

And these hybrid diseases, maladies of mind and body—one or both—may be contracted by one person from another, since their elementary forms, or principles, lie dormant through hereditary causes in us all. These are ever ready to be fired and blown into a blaze of action. Children catch the habit of profanity, or lying, or the measels, from the presence or the touch of such as have them in an active state. We are infected by propensities of evil minds, or psoric papulations of the flesh or skin, by contact with such people as are found already "ferst," or in the free eruption state. The very air of Washington is said to be infected with the tendency to steal or plunder public goods, as well as to annihilate the moral virtues both of men and women. Physical diseases of a corresponding kind are likewise rank and plentiful. It is not safe for ordinary people to inhale that atmosphere.

Our whole subject teaches us that physical disease cannot be considered properly in disconnection with the vices of the mind. And that the maladies of soul cannot be wisely treated by themselves was fully manifested in the fact that He whose special work it was to treat them treated largely the diseases of the body also. The physician, therefore, should not only be a man of science, but a deep philosopher of the mind, and a profound explorer of the passions and the heart,—a learned man, a reasoner, a good man—or a learned, wise, good woman. Who will reach the standard?

PATHOLOGICO-CLINICAL STUDY OF MERCURIUS CYANURATUM.

BY C. S. VERDI, M. D., MT. VERNON, O.

After some researches, I find Merc. Cyan: an agent of more importance than at first I had any idea, having occupied for nearly a whole year a prominent place in an Italian Journal called the "Rivista Omiopatria" published at Rome. This agent has been expertmented with by some eminent European physicians, and the clinical results put before the profession. I believe that the pathogenesis of this drug has been pretty thoroughly tested by some physicians in Europe, and they have established certain therapeutical results beyond any doubt, in the following diseases, i. e., diptherical exudations, membranous croup, angina diphtheria, maligna, and gangrenosum. Again, it has been used in diseases of the digestive organs, and in cholerine, cholera-morbus, dysentery, and of course, syphilis, scrofula, and in all diseases which have a tendency to promote animal dissolution.

We are indebted to Doctor Alfonso Beck, of Switzerland, for the pathogenesis and therapeutical properties of this agent.

Doctor Viller, of St. Petersburg (a Homœpath), had a young son very ill with diphtheria, and after trying many remedies, became alarmed at the unfavorable progress of the case, therefore called Doctor Beck to assist and advise him. Doctor Beck expressed himself as having been often disappointed in the homœopathic remedies for diphtheria; in the meantime recollected having read an account of poisoning by Merc: cyan:, where five persons died from its effect. The post-mortem of these cases demonstrated various lesions in different tissue; but in all there was gangrene of the *soft palate* and *fauces.* From this important pathogenetic symptom, Doctor Beck decided to use the agent in question, as the dernier-resort, in such fearful emergency. They decided to use the 6th dilution—a few drops in half a tumbler of water. The case improved the very first night. Twenty-four hours from the time they gave the patient the first dose, they examined his throat, and found it decidedly ameliorated, both in appearance and odor.

The patient continued to improve, and on the third day was able to sit up for a few hours, and the lesion on the throat was hardly perceptible.

" I deem it necessary for the advancement of our profession that these cases should be indorsed by a large number of others, which should be reported in full for the purpose of confirming, indisputably, the therapeutical effects of this medicine."

"The Rivista Omiopatria" says,—Doctor De Moor d' Alost gives us some pathogenetic symptoms of Merc: cyan: in the " Bibliotheque Homœopathique," from cases of poisoning which were reported in several scientific Journals. Doctor Carlo Hencke di Riga, was the first to put the various poisoning reports together and condense them, so as to turn them to good account for the profession. From the poisoning and pathogenetic symptoms, we are able to form a base on which we can build a comprehensive structure.

First observation—"Poisoning foilowed by death; reported by Doctor Rapeler ("Orfila Toxilogie") Vol I —*Archives generales de medicine*"—3d Ann: Vol. IX. 1825."

Second Observation—Reported by Doctor Moos—"Poisoning by Merc: cyan: and cured all: Hom: Leitung, Vol. LXX, Monatsbolt-Serie, Vol. XI, No. I."

Third Observation—Reported by Doctor Libert, cited by Professor Christison—"A Treatise on Poisons," 4th edition, page 427, followed by death.

Fourth Observation—Reportod by Doctor Tandering—"Poisoning by Merc: cyan: followed by recovery —"*Horn's Archives Medicinische Erfahrangen*, Vol. XLVII, 1865."

Fifth Observation—Reported by Doctor Leon Simon, (Homœopath), followed by recovery, in the *Bulletin de, lar Societie Medical Homaeopathique de France*, Vol. IX. 1863,

Mr. Triste, in 1823, took 13 decigramms of merc; Cyan, he soon became sick at the stomach, ejected dark matter with blood; Alvine evacuations were very frequent and copious, with great pain all over the abdomen. Four days after the accident had happened, his friends called in Doctor Rapeler, who found Mr Triste lying on the right side, his eyes were fixed, conjuctiva red. There was no external appearance, indicating any serious physical derangement, except the scrotum, which appeared bluish, and the penis semi-erect.—Great cephalorgia, with palpitation of the heart.—Pulse slow, full and hard; respiration easy with a slight cough. On percussion the chest was found perfectly normal. The lips, tongue, and mouth, were covered with many apthous spots. Great thirst; the salivary glands were found swollen and tumified; the saliva was running out of his mouth constantly; complete ptyalism—Deglutition was natural: He had nausea and constant desire to vomit. Anything, either solid or fluid, could not be retained. Abdomen not painful; frequent evacuations from the bowels and tenesmus, which increased at every discharge; the stools were diarrhœtic and mixed with blood. The urine was suppressed. These symptoms did not diminish under the most heroic allopathic treatment. During the sixth and seventh night, great insomnia supervened. In the day time symptoms of pain and tremor extended to the articulations of the lower extremities. On the eighth day, a general debility set in, with some convulsive movements of the limbs, and frequent swelling of the tarsi; stupor, pulse small, slow and contracted. In the evening the pulse became weaker and slower; extremities became cold, and the vomit was substituted by the most distressing hicough—the urine was still suppressed. Ninth day: Great prostration continued, he fainted, and the hicough was still present. Died at 12 o'clock the same day. (This seems to be a good picture of disseminated sclerosis—C. S. V.) Necroscopy—The digestive organs seemed the most affected by the poison. The mouth exhaled a fetid odor, common in ptyalism. The internal surface of the cheeks, gums, fances, and back part of the tongue, were covered with ulcerations of a grey color and a dense hard coating. About midway down the æsophagus, there was a spot of a *rose color*, very glossy, and as large as a Roman silver dollar. The mucous membrane of the gastro-enteric regions, just about the small curvature of the stomach and pylorus, there were evident signs of hyperemia, and the large curvature or cul-de-sac was found very dark red and tumified. The mucous mèmbrane of the duodenum and jejunum, were found still more tumufied, and dark red spots covered its surface here and there; and there were even points where a gangrenous decomposition had already commenced, and particularly, near the cœcal valve. The hyperæmic continued through the cecum in to the ascending colon. Dark red excoriations were found in the trasverse portion of the colon, but not so much so in the descending colon, but the spots increased in number, as they approached the return.

Finally the whole length of the mucous coat of the intestines seemed to be more or less tumified. There was also a certain amount of serous infiltration in the muco-cellular tissue.

DEPARTMENT OF SURGERY.

CLEVELAND, Ohio, Jan, 2, 1872.

To the Honorable Board of Commissioners of the Cleveland Workhouse and House of Correction:

GENTLEMEN:—I have the honor to present the Medical and Surgical Report of the Cleveland Work-house and House of Correction, beginning May 1st, 1871, and ending Dec. 31st, 1871.

During the past eight months the city has been healthy. No malignant or contagious diseases have prevailed, save to some extent small-pox. The health of the inmates has been good, and especially so considering their generally thoroughly diseased condition, resulting from their excessive dissipation and debauchery previous to being committed. This good standard of health has been due in a great measure to the location of the building; to the excellent sanitary condition of the apartments, shops and cells; to the wholesomeness of the food to the comfortable garments of the inmates, and to the care and watchfulness of the officials. The attention and kindness of the officers have tended much to the comfort of the sick, and materially assisted me in my professional duties, for which they have my hearty thanks. Some few of the inmates have been dangerously sick, but through a kind Providence they have been restored to health.

In four instances it was thought best to have the patients removed either to their homes or hospitals. The hospital department not having been furnished, the very sick could not receive in their cells the treatment necessary for their welfare. During these past months one patient has died who was past all hope before becoming an inmate.

Prisoners are committed whose proper place would be an insane asylum or county infirmary: I believe a continuanee of this course objectionable to the institution in many respects, and not beneficial to such inmates.

The number of visits made during the last eight months has been one hundred and twenty-two; prescriptions given, seven hundred and forty; patients treated, five hundred and two, and one hundred and ten vaccinated.

Appended is a tabular statement of diseases and the number of each.

Yours, most respectfully
H. F. BIGGAR, M. D.

TABLE OF DISEASES TREATED AND NUMBER OF EACH IN THE CLEVELAND WORK-HOUSE AND HOUSE OF CORRECTION FROM MAY 1ST, 1871, TO DEC. 31ST, 1871.

DISEASES.	NO. OF CASES.	NO. OF DEATHS
Abscesses	3	...
Alcoholismus	32	...
Amenorrhoea	1	...
Asthma	1	...
Bronchitis	4	...
Burns	1	...
Cataract	1	...
Catarrhs	12	...
Conjunctivitis	4	...
Constipation	21	...
Cystitis	5	...
Diarrhœa	40	..
Dyspepsia	17	...
Dysentery	5	...
Dysmenorrhœa	4	...
Diabetes	1	...
Enteritis	1	...
Epilepsy	2	...
Fever, Bilious	16	...
Fever, Intermittent	22	...
Fracture of Ribs	1	...
Frosted Toes	1	...
Furunculi	6	...
Fistula-in-ano	2	...
Gastritis	6	...
Glaucoma	1	...
Gonorrhœa	13	...
Hepatitis	9	...
Hemorrhoids	2	...
Herpes	3	...
Hœmoptysis	1	...
Total	237	...
Hypertrophy of Heart	4	...
Icterus	1	1
Injuries	14	...
Insect Poison	1	...
Leucorrhœa	1	...
Lumbago	1	...
Mania-a-Potu	9	...
Neuralgia	10	...
Necrosis of Fermur	1	...
Nephritis—acute	1	...
Odontalgia	5	...
Otorrhœa	2	...
Ophoritis	1	...
Ozœna	1	...
Peritonitis	1	...
Palpitation	1	...
Pleurisy	11	...
Pleurodynia	7	...
Prolapsus Uteri	1	...
Pneumonia	5	...
Rheumatism—acute	20	...
Rheumatism—chronic and syphilitic	3	...
Scabies	6	...
Stricture	1	...
Syphilis	18	...
Tinea Capitis	1	...
Trachoma	2	...
Ulcerated Fauces	8	...
Ulcers	9	...
Vaccinations	110	...
Total	265	1

Total number of cases 502
Total number of deaths 1

H. F. BIGGAR, M. D.

* * *

A DISCONSOLATE citizen of New Orleans put the following question to one of the papers published there: "Mr. Edytur—That what I wish to ask you is whether strichnine, what the police give to dogs, wont pizen the human being after sassingers have been fried. Please put in the papers how this is, for if fried strichnine is pizen, I go agin sassingers. Yours, till poisened."

CLINICAL REPORT OF THE HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND.

BY GEORGE M. OCKFORD.

Service of Professor H. F. Biggar.

Removal of a Tumor from Scapular Region, weighing Twenty-one Pounds.

HISTORY:—Mrs. M. E——, American, æt 58, housewife, family healthy, parents aged. She says her mother had a tumor upon the back, and that it entirely disappeared "by the laying on of hands by a magnetic man." Her brother had a small tumor of a similar nature upon his left thigh. In other respects the family were healthy and free from any hereditary disease, except a tendency to lipomata, which undoubtedly was the character of the tumors of the mother and brother, and of which Mrs. E—— now has. Twenty years ago first noticed a painful tumor upon the left scapula, which gradually increased in size. Six years ago she made an application of salt in the hope of driving it away, which so irritated it that it bled freely. This is all the treatment she has ever had, nor can we learn that this has been induced by any exciting cause. The tumor at present time has a base as large as the scapula. The length of tumor is fifteen inches, and circumference at greatest diameter nineteen inches. It is soft and flabby, and its character is fatty or what is termed lipoma. Fig. 1 is a back, and fig. 2 a side view of the tumor. (See frontis.)

Remarks.—We have in this case, as you will sometimes find in your practice, an hereditary tendency to certain kinds of abnormal growths or general diseases. Here we have a lipomatic diathesis, made evident by the tumors appearing upon the mother and brother. This is characteristic of tumors and particularly of scirrhus and carcinoma, though in fatty tumors there is a less degree of hereditary influence.

Lipomata or fatty tumors consist of fatty tissue, which may be divided into lobes by connective tissue ; the tumor may be firm, which is owing to the development of the connective tissue, and from this firmness it is classified by Billroth as a fibromatous-lipoma ; when soft we have a simple lipoma. The shape is generally spheroidal or lobular. There is a difference between circumscribed and difuse lipoma, though both show a disposition to the formation of fat. In the circumscribed it partakes of the round or lobulated shape, in the diffuse it apears in corpulency. The seat of the disease is generally in the sub-cutaneous cellular tissue. It may appear upon the tendons and serous membranes. Where ever lipoma may appear there is a striking analogy to the structure and shape of that of the appendices epiploicæ. The growth is slow and free from pain unless it involves some nerve. The greatest disposition to fatty growths is between the ages of thirty and fifty. Last winter a clinic came before the class of a child about two years of age from whom more than sixty fatty tumors were removed from the right cervical region, a beautiful illustration of multiple-lipoma, and in another clinic of last winter, old Aunty Chase, "one of Washington's slaves," we found a lipoma of the right cervical region, extending from the parotid gland to the first rib, and from the acromion process to the manubrium, in shape flattened.

The diagnosis is easy : "the consistence, the lobular feel, occasionally a perceptible crackling from compression of individual fat-lobules —the movability of the tumor, the growth, the age of the patient, the region of the body, generally upon the trunk,—they may possibly be mistaken, for fibrous tumors or sarcomata."

Treatment.—The treatment is removal, in which there is little danger, except from erysipelas. The clinic was anesthetized with ether, the flaps made similar in shape and number to the semilunar valves, one being superior another internal the base towards the vertebræ, and the other external the base towards the axilla, The tumor was removed and the base found lying upon the supra and infra spinati muscles. The flaps were brought together with silver sutures, and the wound dressed with carbolated oil. The clinic escaped erysipelas or any unpleasant symptom. The superior flap sloughed away leaving an extensive ulcer. A few pieces of the skin were grafted upon this part which hastened the healing. When the clinic returned to her home the ulcer was nearly cured. Mrs. E—— was delighted with the removal of the heavy weight caused from this abnormal growth.

SURGICAL NOTES.

BY H. F. BIGGAR, M. D.

Prolapsus Recti.—A simple, safe and permanent cure for this unpleasant ailment, as advised by M. Dupuytren in his clinical surgery.

Anatomy of the parts.—The skin covering the margin of the anus is thinner than that of other parts of the body and of a different color; it contains very numerous follicles, which secret an oily matter of a peculiar odor. This skin forms projecting folds, separated by grooves, converging from the circumference of the margin towards the centre of the anus. These folds are engaged in the anus itself, and are numerous and projecting in proportion to the projection of the latter;

disappearing when it is dilated. It may be conceived that their use is to facilitate the dilatation of the anus, and assist the expulsion of the fecal matter. Beyond the skin, there is a layer of a fibro-cellular nature, above the external and internal sphincters, two organs constituted by circular fibres and of a muscular nature.

Operation.—The patient being laid on his belly, the head depressed, the pelvis elevated by pillows, the thighs are widely separated, in order to expose the margin of the anus and the anus itself; the operator holding in his left hand a pair of dissecting forceps, of large size, in order to give less pain; seizes successively on the right and left, and even before and behind, two, three, four, five or six, of the radiating folds, sometimes obliterated, or more or less projecting; with the right hand armed with scissors curved on their flat surface, he removes each fold as he lifts it; the incision should be prolonged as far as the anus, and even within it, in order that the effect may extend beyond the aperture. If the relaxation is considerable, it may be carried as far as half an inch, but generally a few lines are sufficient; if the relaxation is moderate, one, two or three folds on each side are generally removed; if very great, more will be necessary.

Remarks.—This operation gives but little pain, and offers no objection; is not followed by hemorrhage, for the cutaneous vessels alone pour out blood, and at most the extremities of the hemorrhoidal arteries are implicated. If, however, the incision be very deep, the internal hemorrhoidal arteries might give out much blood.

The consequences of this operation may be easily deduced from the anatomical structure. There exists excessive irritability of the anus. We propose to cure it by retrenching one of the tissues entering into its composition, and strengthening others; the double end is attained by the excision of the skin and subsequent inflammation. The cicatrix formed both by the junction of the edges of the wound and the formation of an accidental tissue, evidently contracts the anus.

By this method a new and compact skin has been substituted for a skin of which the adhesions were very loose. The inflammation also which follows this simple operation, extending a little above into the sub-mucous cellular tissue of the intestine, assists in increasing the adhesions of the mucous with the muscular coat. No dressing is necessary; the pain causes instantly a contraction of the sphincters; the inflammation is soon communicated from the incisions to the cellular tissue and the sphincters. Generally the patient has no passage for the first few days; the inflammation subsides, the sphincters momentarily relax for the passage of fecal matter, but contract on the least exertion. The cicatrization is completed in a few days, and then the excrement, acting no longer in ulcerated surfaces, the opening is diminished and the cure perfect.

M. Dupuytren first adopted this plan many years ago. He has since operated frequently, and always successively. He has never seen a relapse except where, by his own account, the operation had been imperfectly done, on account of the struggles and cries of the child.

To Preserve Anatomical and Pathological Specimens.—From the *American Journal of Pharmacy* the following solution is given as a simple means of preserving anatomical specimens;

Saturated solution of alum, 100 grammes; salt petre, 2 grammes.

The article to be preserved is immersed in the solution, when it becomes decolorized; but in a few days the color returns, when it is taken out of the solution, and kept in a saturated solution of alum and water only.

A Painless and Efficient Injection for Gonorrhœa and Gleet.—Inject a solution of permanganate of potash, five to fifteen grains to the ounce.

Or take one grain of chloride of zinc to a half ounce of glycerine and a half ounce of water.

A Simple Dressing for Weak or Indolent Ulcers.—I have used oakum, with gratifying success, in weak or indolent ulcers.

The Best Escharotic for Chancre.—Chloride of zinc applied to the chancre, using the crystals until they deliquesce, converts the specific into a simple ulcer.

The Three Best Methods of Healing Over Old Ulcers by Transplanting.—1st. Hamilton's method is transferring a large piece of integument attached by a pedicle.

2d. Fides' method, that of sprinkling the ulcer with epidermic scrapings.

3d. Riverden's method of cutaneous grafting is done by taking a piece of healthy integument, so that it does not cause bleeding, about the size and shape of a grain of rice, and insert one end of the graft in a groove cut in the middle of the ulcer. Keep it in place by adhesive plaster and bandage for twenty-four hours.

Hydrocele.—In order to be successful in the treatment of Hydrocele, Syme says that care must be taken in the strength and quantity of iodine injected. The Edinburgh tincture of iodine, which is much stronger than that of the London Pharmaco *pœia*, should be injected. Two drachms are sufficient to inject into the tunica vaginalis, unless the tumor is unusually large or small, when there may be a corresponding increase or diminution of the quantity used.

In operating, Symes' method I have followed, and have been successful.

Forcible Flexion in Arterial Hemorrhage.—This very simple plan of arresting arterial hemorrhage in the extremities is taken from the Transactions of the Hom. Medical Society of the State of New York, vol. 8.

Hemorrhage from the Arteria Brachialis.—Both elbows must be brought behind the back, as near together as possible, and must be secured in this position by several turns of the bandage above the elbows. From the back two strips must go down over the perineum, and in front each one is carried up again to its elbow and there fastened. This last turn prevents the elevation of the shoulders. Should the shoulders become elevated, the compression of the sub-clavian artery would be removed. Two strong rings, one over each arm at the shoulder joint, are united on the back by a bandage, from which the extension over the perineum may be made.

Hemorrhage from the Arteries of the Forearm and Hand.—These, which often prove so troublesome as to require ligation of the brachial artery, and where injuries are comparatively the most frequent, can be most easily controlled by forced flexion in the elbow joint; and if the injury is at or below the wrist joint, this, also, must be secured by flexion, where the muscles are flabby, and if not contra-indicated, it is well to bandage the whole forearm from the fingers upward, before flexion is made, as this is the best means to prevent undue swelling of the tissues.

Hemorrhages from the Arteries of the Lower Extremities.—For these the same rules are to be applied. Flexion in the hip and knee-joint can easily be secured. For the ankle-joint, a splint in the form of a V, or a plaster of Paris bandage, is necessary, The bending of the foot upward, toward the tibia, depresses the heel and tightens the ligamentum laciniatum, compressing the arteria tibialis postica. H. F. B.

ACADEMY OF MEDICINE AND SURGERY, CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

DISCUSSION BY PROFESSOR T. P. WILSON.

QUESTION: *Is Vaccination a desirable Prophylactic?*

Mr Chairman: It seems to me there are two aspects under which this question should be viewed, viz.: (1) a theoretical, and, (2) a practical aspect. The theoretical aspect is on this wise: Take the vaccine matter of true Kine pox from a healthy cow and put it into the body of a healthy human being; if it sets up a vaccine disease, then the individual so treated may be considered as completely and permanently protected from the small-pox. And this can be accomplished without anything more than a temporary disturbance of the system. There can be no objection to this. The practical aspect is not so simple. It presents us with vaccine matter obtained from sources of doubtful character. The cows may or may not have been healthy, and they may or may not have had the true Kine pox. What matters it to those who can sell us pus at the rate of one or two dollars a drop? They give us no guarantee and we give our patients no guarantee. We know too well the sham and the uncertainties of the whole affair to risk either our fee or our reputation. But this is not all, we are often unable for love or money to get genuine Kine pox matter, and so for a make-shift we take the matter second-hand, yes, third, fourth and twentieth hand, that is the virus after it has passed through no end of human beings—American, English, Irish, German, French, African and Chinee—through systems loaded with scrofula, syphilis, tuberculosis, salt-rheum, etc., etc., *ad infinitum.* We take a dirty loathesome scab of unmistakeable human origin and assume that it possesses only beneficent prophylactic virtues. And here we meet another most unpleasant practical fact: we put this specific disturber of the human economy indiscriminately into all sorts of human beings regardless of the complications we may induce with diseases already existing, regardless of the fact that by vaccinating we may bring about a development of that which before was only latent in the system.

Mr. Chairman, I have great respect for that which we call instinct. It may not be so noble an attribute as reason, but it is often far more true and reliable. Doctors, as a class, may be very wise, but the native instinct of the common people is often a better guide than the wisdom of the profession. People have, somehow, in spite of all that has been said by the Doctors in favor of vaccination, a wide-spread terror of it. They submit to it, if at all, under compulsion. The law fails to reach tens of thousands of people. They will not submit to what they so much dread. And why is this? If they ask any of the Doctors what sort of matter they have got, the Doctor lays his hand upon his heart and affirms or swears that it is perfectly pure. He knows the identical child from whose arm it came and that is enough; he makes his fee, and the patient by a sort of intuition knows the Doctor lies. And the Doctor knows that he asserts what he cannot prove.

Gentlemen tell us that no disease other than the vaccine is transmissable in the scab. One has asserted that he would have no fear in employing a crust coming from a child tainted with syphilis. This seems very strange in view of the well-known pathological facts that concern the origin and character of pus, and its dessicated product—the scab. Pus comes from the blood, partakes of all the character of the blood, and looses nothing of that character by being dried down into a hard crust. The diseases we stand in fear of entailing upon ourselves by vaccination are diseases that especially affect the blood. By what process are they excluded from aiding in joining the vaccine scab? If scrofula, syphilis and tuberculosis are in the blood how can they be supplanted, or their influence temporarily avoided? Certainly no one claims that vaccination is local in its action; and so we cannot escape the conviction that in every case the scab is just what the blood makes it. But this is not all. With the system generally in vogue, we could hardly expect to succeed with even the purest matter. It is customary to dissolve the scab and retain what may not be at present required. But the softened substance undergoes rapid decomposition, and, being an animal product, easily becomes a dangerously poisonons agent. Half our mischief, I doubt not, arises from that source.

And again, when we are doing very considerable vaccinating we are apt, without carefully wiping the point of our instrument, to thrust it soiled and bloody into the next arm that presents itself. This is every way reprehensible. And when we consider these formidable objections to vaccination as ordinarilly practiced, it is no wonder that a very strong popular prejudice exists against it. I have no intention of objecting to vaccination when properly practiced, but I desire to urge upon your attention the great need of a thorough reformation in this department.

Dr. J. Pettet, of Cleveland, is propagating the non-humanized vaccine from selected heifers. He bids fair to rival his Boston contemporary.

PSEUDO UTERINE SPECIALISM.

Dr. Henry Gibbons, in an annual address before the San Francisco Medical Society, 1869, among other things, said: "Now let us come home and bring to judgment a sin in the family.

" Within the profession there is a species of quackery that is advertised, not by the printing press, but by the uterine speculum. There prevails among our women a singular disorder, of which the most prominent symptom is a passion for uterine explorations.

To some extent medical practitioners are responsible for the general prevalence of this malady.

It is easy for sensitive females to persuade themselves that their afflictions, from the tooth-ache downward, are due to falling of the womb, or ulcerations, or tumors; and he is the sharpest doctor who firsts detects the difficulty.

There comes in the character to exaggerate the disease if there be any, and to beguile the patient with promises of cure. Henceforth the Speculum becomes to the poor woman an essential part of the daily routine of life. Caustic, the knife, and various manipultations, look like work; and she is charmed with the industrious and energetic attentions of the professional mechanic.

"Bye and bye the bubble bursts; and for all the good that has been done, by subjecting the uterus to a course of torture, its proprietor might as well have adopted the treatment accredited to the miracle of scientific skill, *Si-potai*,—namely the application of a blister to the crown of the head, to raise the fallen womb to its place. It is to be hoped that the fashion of women to mistrust and slander their wombs, and rejoice in having them explored and tinkered has passed its culmination: and with it, the professional mania for persecuting that organ."

Dr. Storer says: "Probably two out of every three women in New England require occasional treatment." Again, on the same page, he makes this extraordinary statement, that: "During the sixteen years since we graduated in medicine, we have never once prescribed for a married woman with any, the slightest, pelvic symptoms,—and this is what, perhaps, no other man living can say,—without a careful digital examination." If, indeed, this statement of Dr. Storer be true, and the example be followed by every physician, into what perilous times, and hands too, have our daughters, wives, and mothers fallen.

And they may well say, "Good Lord deliver us from the hands of the doctors."

Although female diseases are very prevalent, yet the truly diseased, are the exception, and not the rule. We believe that when such doctors thoroughly acquainted with our law of cure, and would apply the remedies faithfully, they might be saved so many unnecessary examinations.

Dr. Gibbons takes another view, and is inclined to treat the whole subject with lightness, if not with contempt. We are led to exclaim, "Who shall decide when the doctors disagree?" And the practitioners are still left to treat individual cases with, or without, a digital, or speculum examination, as each may think advisable under the circumstances; even, too, after all that has been said for or against the use of the speculum.

Each physician is in duty bound to do the best he can for his patients. If he thinks advisable to use the speculum who is then to say he is a quack? All these afflicted sisters cannot go to the Hub—Boston—to be treated by the so-called scientific gynæcologists! or to the Rim—San Francisco—to be told they have no such disease, and who are characters.

M. D. & D. D. S.*

LIBERALITY toward our brothers in the practice of the different professions is a virtue to be recommended. For the more we understand of them and their specialty, the better will we be able to appreciate both, as it is true, that thorough acquaintance with the principles of an art or science, doubles the pleasure we receive from them. All art, being founded on science, shows us they are dependent upon each other; the relation between the two being that of offspring and parent. Many of the useful arts were the issue of necessity, and therefore, the first to originate; but combined with experience they are sure to progress, if it is in a slower manner than the fine arts. Dental surgery is both a science and an art. As a science it investigates, analyzes and defines, the principles upon which the profession is founded; as an art, it enables us to apply these principles, and in the most proper manner to exhibit our special skill. If we store our minds with knowledge, it will sometime lead to a practical result, for practical skill is rarely of general utility or extended application, unless it originates in knowledge. Thus from a knowledge of the science of the tissues, with which the professional man comes in contact, he derives the art of producing in them disease or health. The M. D., or D. D. S., in order to do the greatest amount of good to their fellowmen, and arrive at the acme of fame, must possess learning, skill, experience and refinement. They should always be ready to improve any opportunity to gain knowledge, which can be made useful to themselves or patients. All will be ready enough to admit that the more we know of any and all organs of the human subject, the easier it will be for us to meet the formidable array of complicated diseases which may be presented. Those who are "too smart to learn" anything new, in the almost unlimited field of medicine or surgery, should at once be permitted to pass from this "mundane sphere," and enter a higher one, (should it be so directed), where their immaterial spirit shall hope to have boundless room for expansion. Many have the possibilities of greatness, talent, within them, but they keep those innate powers hidden and dormant, at the expense of those who seek their advice, and their own higher development. Remember that "he most lives, who thinks most, feels noblest, acts the best." Now, D. D. S., if you would succeed well in your practice, you must have much general information which an M. D. possesses. You are required to understand, to a greater or less degree, the workings of the whole human system, and the more you know of its different functions, the better you will be able to diagnose correctly, the diseases with which you come in contact; so from your specialty, and the supposition that you are learned in these matters, it becomes your duty to yourself and patients, to study and develop your powers in such general branches of medicine as an M. D. is obliged to go through before he can have the right to administer to suffering humanity. Both England and Prussia have given us an example worthy of imitation in this respect, as they require the dental student to attend the same lectures, and be examined by the same board of censors, as if he were to be a general surgeon. This, with the special study which a dentist must have, places him in a just position in the professional ranks, and in a proper light before his patients. Without these acquirements he has not done "his highest;" neither has he developed by brain and hand work those powers which ought to receive the culminating stroke, for only thus will he be able to withstand the severe test of time. Now we ask, is it any more than *just*, that an M. D, should be required to have some of the general knowledge of which a D. D. S. is possessed? Would it not be well for him to have a fair comprehension of the teeth and their diseases? For remember, M. D., that in the teeth you are dealing with vitalized structures, supplied with nerves, veins and arteries, and that through these nerves they are connected in sympathy with all parts of the system. Then, for the sake of your own reputation, study the teeth and their surrounding tissues. For the good of your patients, learn to relieve an aching tooth without extracting; save the precious organs, and add in coming years to your own fame, and the health, comfort and beauty, of those who seek your counsel. We solemnly protest against the wholesale and indiscriminate sacrifice of these innocents. Do not follow the miserable habit of former years, and extract any tooth that happens to cause pain, whether decayed or not, but keep in mind that when the permanent set are removed, they do not appear again, nature does not, as in many parts of the body, supply the terrible chasm you have made, but once gone, always gone, and artificial ones are at best poor substitutes. Always have a *good* reason for extractions; something more, than because you are asked to. Do not utterly disregard your moral duty and responsibility, by destroying all the teeth you can, thinking that the greater number you exterminate, the more glorious has been your victory. No, have a higher conception of your calling, knowing that the more teeth you assist in saving, the greater the good you have done. Look around you, and see who are the most successful physicians; surely they are those who have made the teeth somewhat of a study, and when called to a case, examine them carefully should there be the least cause to suspect their implication. Take for example a case of Facial Neuralgia, a most painful disease of the fifth pair of nerves, where generally the pain is located over the orbit, in the temple, cheek, mouth, jaws, and teeth Now show us the M. D. who diagnoses these cases properly, and cures the greatest number, and we will show you one who does not fail to examine closely the mouth and teeth; for he knows that *pericementitis* arising from whatever cause, produces a very painful type of this disease; also, that carious teeth are among the most prominent causes, and should receive his first attention, for almost invariably will he find them or their surrounding tissues in an unhealthy condition. We append the following cases:—Mr. Art, 35, had severe pain in right orbit and ear; had been treated by an M. D. four or five months for neuralgia, but obtained no relief; D. D. S. relieved in one minute, by removing the root of an upper third molar. Miss Art, 13, had an abscess situated upon the neck about two inches below the jaw, had existed for some months, and was twice lanced; this was entirely cured by the remvoal of an inferior first molar much decayed and ulcerated. Thus we might continue with similar cases, to show the practicability and usefulness of the arguments which we have used, hoping to bring the M. D. and D. D. S. into a closer relationship of brotherly harmony. Let each always be ready to assist the other in consultations and operations, and it will redound to the benefit of both. Do not regard any with jealousy, or look upon them as rivals, but know and remember that you are working together for the common good of all humanity; and with such friendly feelings in your heart, success will in time surely crown your efforts.

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*Read before the Homœopathic Medical Society of Ohio, by H. L. Ambler, M. D., D. D. S.

H. L. AMBLER, D. D. S., M. D.

TOILET ARTICLES AND TOXICOLOGY.*

BY SARA B. CHASE, M. D.

During the session of our Convention, last May, the attention of the fraternity was called to the injurious effects of those preparations for the hair usually styled restoratives, the design of which is to bring white or "gray" hair to its original color.

Since then I have taken some pains to investigate the subject, both as regards hair restoratives and cosmetic applications to the face, and have embodied the results of my observations, which I present for your consideration.

The composition of a very large majority of the "hair washes," "hair tonics," and "hair restoratives," so largely advertised throughout the country, and which line the shelves of all the drug-shops in every town in the land, consist chiefly of acetate of lead and flowers of sulphur compounded with glycerine, water, and some aromatic substances.

Many, in former years, took the following formula upon their own responsibility to the druggist, or purchased the crude materials and compounded them for themselves, as they had occasion to use the wash:

Sulphur—1 drachm, sugar of lead—½ drachm, rose water—4 oz.

Some found that they experienced unpleasant, and oftimes serious effects from its use, and would leave it and resort to some one of the various patent preparations so loudly extolled, without knowing that they were using the very same deleterious substances gotten up and sent out with attractive labels under high-sounding names, "Mrs. S. A. Allen's World Hair Restorative," "Ring's Ambrosia," "Hall's Veg. Sicilian Hair Restorer," &c.

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* Read before the Homœopathic Medical Society of Ohio.

Of course, all physicians acquainted with the pathogenesis of lead in its various forms, must condemn all of these mixtures as dangerous to health and life. Some persons are extremely susceptible to the influence of this metal, and cannot use it for a short time even without feeling its bad effects. Others may use it for years with apparent impunity. The latter have no right to offer their experience as proof that it is harmless, for a much wider experience than they can possess, proves that it is perilous.

Several cases have come within the range of my observation wherein lead palsy, lead colic, and almost fatal poisoning, were caused by just such hair-dye, and very many cases have we met wherein the patients were compelled to discontinue their use on account of the positive and serious symptoms with which they were affected whenever they applied these preparations to the hair. Partial paralysis of the Pneumogastric nerve, destroying the action of the lungs, accompanied with lead-colored face and tongue, are by no means unfrequent; sometimes terminating in death.

Mrs. ——, aged 55 years, had been accustomed to the occasional use of "Hall's Vegetable Sicilian Hair Restorer," more or less frequently during the space of twelve or fourteen months, always feeling a sense of weariness or debility after each application, continuing a day or two. The eyelids seemed to close down irresistably, accompanied with lachrymation so profuse that her face was constantly wet with tears. She had sore eyes, and styes that could not be healed, while she continued the use of this preparation. These symptoms were attended with paleness of the face, and cadaveric and anxious look, constipation, and sometimes pain in the bowels.

Not attributing these symptoms at the time to the poisonous effects of the hair dye, but supposing it to be weariness from overwork, she continued its application once in two or three weeks.

During the winter, one afternoon she applied the liquid about milk warm, thinking thereby to hasten its restorative effects, as she had neglected its use until her hair had become whiter than usual. About midnight she was seized, as she says, with a "strange feeling." The house seemed to turn over. Every attempt to lie down, or even tip the head in any direction, was attended with this vertigo so intense as to set everything in the room to turning "upside down." This was accompanied with a frightful headache, and "a feeling as if her mind was gone;" could not keep the points of compass or tell where she was. She remained in this condition four hours, during which time she drank freely of tea made from skull cap (Scutillaria Latifolia), and was so far relieved that she could, with a great deal of care, lay her head upon her pillow, but for several days she could not lie down without a sensation as if the bed was going from under her, and had to be held up when she walked, on account of this vertigo. For nearly a week she had to keep a band tied tightly around the forehead on account of the feeling as if her head would burst, and the debility and exhaustion which I have before mentioned, disqualifying her for the accomplishment of anything, continued for nearly two weeks.

I have frequently met cases of erysipelatous eruptions commencing on the scalp, and running to the ears, and finally extending nearly across the face, without doubt caused by these washes, and many are troubled with "sores" on the head, which come on soon after their application, and aggravated by each repetition.

It is not within our province as physicians to condemn the various arts of the toilet however vain and trifling they may appear to us, only so far as the substances used as cosmetics are deleterious to health.

The occasional use of powders for the skin, and artificial coloring, is common, and such being the case, however much we may disapprove of it, persons should know something about the materials from which these are prepared, and be placed on their guard against dangerous combinations.

The means used for whitening the skin are numerous, and some of the substances made use of are neutral and are productive of no deleterious effects only so far as by their application the pores of the skin may become obstructed, and the person suffer only from the natural results of such obstruction. Among these may be mentioned powdered *French chalk*, *Venetian chalk*, or more properly "*talc*," *carbonate of magnesia*, finely powdered *rice flour*. All these powders, however, have the objection that the hue they produce is not a very brilliant one, and not being satisfied with the effect produced by them, the "*cosmetizneur*" with daring hands has laid hold of the most potent and dangerous drugs, and offers them for sale to the first chance comer, and thus many a tolerable complexion has been wizened into a piece of parchment, many a woman has poisoned her constitution by ignorantly using these perilous stuffs. Among the most innocent of these substances which may not be considered neutral, may be mentioned the famous French cosmetic "ford blanc de bismuth," or sub-chloride of bismuth—sometimes known as *pearl white*—precipitated carbonate of zinc mixed with an equal quantity of French chalk. And if the ambition of beauty had stopped *here* we should perhaps have had little cause for complaint, but in order to obtain a still more brilliant color, recourse is had to those unwholesome metals, lead and mercury. These, in the form of *flake white*, and mercurial white precipitate, are in very common use. The preparations made from bismuth are necessarily expensive, and consequently the cheap washes made with carbonate of lead or flake white are in the most common use.

The names by which these washes are known are as numerous as the parties presenting them for sale, and of course indicate nothing of their composition, are only intended to attract attention, and convey to the seeker after artificial beauty the idea that here lies the *summum bonum* of their search: "Bloom of Youth," "Oriental Cream," "Magnolia Balm."

Ladies frequently purchase "flake white" in powder and prepare a wash for themselves, not knowing that said "flake white" is a preparation from lead, and even if they are told this, they are ignorant of the danger to which they are exposed. We have met several who are constantly troubled with sore eyes, and sometimes weak eyes, to such an extent that permanent blindness was threatened from the use of lead washes on the face.

Mrs. U——— had always been a remarkably healthy woman, with a clear, beautiful complexion, but not being satisfied with the gifts bestowed upon her by nature, she had been in the habit for years of powdering her face with some of the preparations extant, but later she began to use "flake white," preparing it herself with alcohol. This she would apply from day to day without washing it off, frequently for a week at a time. Her health began to fail. No pain, but debility, weariness, and a decided darkening of the skin, which was manifest whenever she was not powdered. She went to a water cure for her health, but returned no better.

Physicians said she was poisoned with something, but did not suspect the lead upon her face as the source of her poisoning. This discoloring of the skin was apparent some four years before her death, and she was a constant seeker after health during the most of this time, yet constantly grew worse. Her hair commenced to grow gray; she used Hall's Veg. Sicilian Hair Restorer, and in addition to this, the house in which she lived was painted inside, and from this time she began to decline rapidly. This was only a few months before she died. Her memory was gone, her nervous system completely prostrated, her skin assumed a leathery consistence, and could not be aroused to action; her vision was dimmed, bowels inactive; in fact, there was almost complete paralysis of all the organs of the body. She was finally attacked with vomiting, which continued almost constantly for two days before she died. She never suffered any pain; even her vomiting was not accompanied with nausea, probably on account of the general paralysis of the nerves of sensation.

I will not enlarge upon the various means of tinting the skin, only to speak of the use of vermilion, which is to be met with in the cheap rouges sometimes called "Theatre Rouge," "Castillion Rouge," &c.

In the more expensive rouges the tint is simply carmine, which, I believe, is generally considered harmless when applied externally, but *vermillion* being the sulphate of mercury, is highly poisonous, and those who use it cannot fail eventually to be injured by it.

But the height of cosmetic daring, it would seem, has been reached in the new process known as enameling, which is nothing more than painting the face with lead paint, and for this purpose are used the poisonous salts of lead.

The skin is prepared by an alkaline wash ; a yielding paste is used to smoothe the wrinkles, fill up the crevices, etc., and the color laid on, first the white and then the red. It is needless for us to enlarge upon the dangers of thus exposing the skin to the poisonous action of lead, and from a cosmetic as well as a hygenic point of view, they must be condemned, for the effect is so much more brilliant than nature that any observer can see at once that is unnatural, and thus the very design of the art used is subverted.

We all know, doubtless, by observation, that the skin is injured by most of the preparations used as cosmetics, and when ladies once commence their use, and continue for any length of time, they are compelled to persist in their use during the remainder of their lives, or are found to be the daily witnesses of their own folly whenever they approach the mirror, which, of course, every woman will do more or less frequently.

The process of enameling is so new, and so few, comparatively, have as yet ventured to try it, that we have had no opportunity to observe its deleterious effects ; yet, that it is dangerous to health and even life, no one who is acquainted with the poisonous effects of lead can doubt.

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SPECIFIC MEDICATION.—The basis of specific medication is specific diagnosis. If the physician cannot determine the *exact* pathological conditions, his prescription must be *inexact*, and in proportion as it so, uncertain.

Is it not the fact that the common idea of the "uncertainty of medicine" leads to superficial study, carelessness in examination, careless prescribing, to downright quackery.—*Scudder*.

CLINICAL REPORTS AND THEIR RELATION TO THE STUDY OF MATERIA MEDICA.*

CLINICAL Medicine and Materia Medica are so closely allied, that it is sometimes difficult to draw, precisely, the dividing line between them; and this paper might, with equal propriety, come from a member of either committee. Clinical Medicine is but the practical application of the Materia Medica to the cure of disease —the final proof of its efficacy and also of our knowledge of it. As we endeavor to so use our experience as to increase our knowledge, so any means which will enlarge our field of practical observation, will tend to aid us in the study of Materia Medica. Consequently we value our current literature in proportion as it contains practical matter, or reliable reports of cases cured. But complaints are made, and justly too, that many of these cases are pointless and valueless, or are so poorly reported that it is almost impossible to determine what idea, if any, they are intended to convey. Many are reported, apparently, for no other purpose than to inform the profession that a certain doctor had done wonderful things in the cure of some disease, by the administration of a particular remedy, after other doctors and remedies had failed.

Of what use is it to a Homœopath to know that a patient suffering from any given disease, recovered after taking some specified remedy, even after many others had failed, unless all the symptoms of the case are carefully noted, and those symptoms which led to the choice of the remedy are pointed out? For instance, in a cer tain work by a Homœopathic author I find the follow ing; "A case of chorea in a girl of 15. After purging, four drops of Veratrum viride were given every three hours. Prompt convalescence ensued." What more do we know about Veratrum viride than we did before? Because this remedy cured one or even a dozen cases of chorea, does it necessarily follow that it will prove a specific in every case, or in a majority of cases? I think not. Such a clinical report gives no information as to when this remedy is to be preferred above all the other remedies of the Materia Medica, nor is it in any way a confirmation of the provings. Yet this is a very fair sample of many of the reported cases found in the periodicals of the day, in the proceedings of Societies, and even in works claiming to be classed among the standard authorities.

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* Read before the Homœopathic Medical Society, of Ohio, by H. H. Baxter, M. D.

The object for which all clinical reports are made should be kept clearly in view, viz: The confirmation of the provings of our remedies, and the facilities which such reports afford for the study of Materia Medica. As the proof of the pudding is in the eating of it, so the final proof of the value of any remedy consists in its efficacy in removing a group of symptoms which it has been found capable of producing upon the healthy organism. It should be borne in mind also that many valuable symptoms have been incorporated into the Materia Medica which are the result of clinical observation, rather than pathogenetic. Every clinical case, therefore, reported for publication, to be of any value to the student in Materia Medica, should contain all the symptoms of the patient, be they few or many. They should be so clearly set forth that the reader can easily determine the indicated remedy, or at least the one he would select were he called upon to prescribe. It may not be necessary, in every instance, to enter into a minute analysis of the symptoms of every case, but those symptoms which led to the choice of the remedy administered, or which are considered the characteristics of the case (for characteristic symptoms of a patient are as important as the characteristics of a remedy) should be distinguished in some way. Where two or more remedies seem almost equally well indicated, their symptomatology may be carefully analyzed and compared, and their differences pointed out. In this way shall we be able to make the practical experience of others available for ourselves, and to render the study of Materia Medica less dry and difficult.

Before closing this report I wish to present a few cases, not by any means as perfect specimens of the manner in which such reports should be made, but as containing some points which may be of interest to the Profession.

CASE I. A lad 14 years of age. Had large swelling of submaxillary glands of right side; not tender to the touch, and painful only when turning the head; throat not swollen or sore inside. Feels pretty well during the day, but has had considerable fever for a few nights past, with some thirst, hot, dry skin, &c. Has been in the country for a week past, hunting and skating, getting his feet and legs very wet every day. The symptoms presented by this patient are covered by a number of remedies, but the cause, getting wet, reduces the number to two, viz: Rhus. tox. and Calc. carb. The symptom, "bad effects from long continued working in water," decided in favor of the latter. Accordingly Calc. carb. 30 in water, a teaspoonful every two hours, was given. The next day his mother reported that he had less fever through the night, otherwise there was no change, the swelling being worse, if anything. Calc. carb. was continued, and the day following, on calling to see him, I found that he had had no fever the night previous, and that the swelling had almost entirely disappeared. The next day he returned to school as well as usual.

Case II. Miss Emma E., aged 15, but in appearance not over twelve, lymphatic temperament, fair complexion. She is the patient of Dr. J. R. Moody, of Cleveland, and is presented as a clinic, to the class of the Homœopathic Hospital College, in November. She has never had any symptoms of menstruation. She has been for several years subject to severe headaches, lasting, sometimes, for a week. The headache is through the temples and forehead and over the eyes; of a beating, throbbing character, and aggravated by stooping or lying down, and is aggravated or brought on by any mental exertion. When at school the headache comes just before noon, when at home in the afternoon. Appetite variable; sometimes a craving as if she had eaten nothing for a long time, but a very little food makes her feel as if she had eaten too much. At times cramps in stomach, relieved by hard pressure. Dull, heavy, aching pain in left hypochondrium, sometimes sharp, running up under the shoulder. Obstinate, persistent constipation. Recently she has been troubled with Dysuria; tenesmus, so severe as to start perspiration. Pressing down in lower abdomen and aching down the limbs. Sometimes sensation as if something were moving in abdomen. She has also attacks of palpitation of the heart, sometimes coming on with the headache; induced by running, excitement, or after lying down in bed. Frequently is obliged to spring up in bed, on account of the dyspnœa. Dull soreness in region of the heart, not severe. Auscultation revealed no signs of organic disease of the heart. All her symptoms are very much aggravated about the time the menses should make their appearance, when they become so severe as to be almost unendurable.

There was a difference of opinion as to what was the indicated remedy. It was finally decided to try Pulsatilla. She accordingly received Puls. 200, just after the monthly attack. She passed through one menstrual period, or the period which should have been menstrual, with, it was thought, some relief. The following month, however, the attack came on with its accustomed severity. She was put upon Bell. 30 (nothing higher being at hand), and in a few hours the headache and other symptoms had almost entirely subsided, and the second day following the menses made their appearance, though scantily. She was kept upon Bell. 200 during the succeeding four weeks, at the end of which time she menstruated naturally, and has been regular ever since, with an entire absence of all disagreeable symptoms more than is usual at such times. She is still subject to attacks of headache, but they are less frequent and less severe, and always yield readily to Bell. 30 or 200.

CASE III. Called to see Mrs. ——, in consultation with her attending physician. I found her suffering from an attack of headache, which came on habitually from one to three days before her menses. The headache was of a beating character, extending through the temples, forehead and eyes, and in back of head and down the neck. She described the sensation as not so much beating, or throbbing, as undulating or pulsating; violent pressure from within outward, with great fulness of the head; pupils dilated, face flushed, and veins of forehead swelled so as to become visible. Menses suppressed; loss of memory. She had been suffering from these monthly attacks for about a year. Had been treated Allopathically, and at last had called in Homœopathy to her aid. She had taken a variety of remedies, of which Bell. seemed to afford the most relief, but it was only temporary. All her symptoms are highly characteristic of one remedy, viz: Glonoine. Accordingly she received Glon. 3d, in water, a teaspoonful every hour in the evening, and the next morning the headache had disappeared, except a little soreness, and menses had appeared.

CHRONIC CERVICAL METRITIS.

BY ANNA WARREN, M. D.

Mrs. H—, aged 22, married one year, never pregnant. Painful mensturation before marriage, but general health good. Dates her present illness from date of marriage. Lympahtic temp.

Symptoms.—Painful expression of face with pale livid color, nervous, difficult to please, diminished appetite and feeble digestion. Painful dragging sensation about the pelvis, almost continual pain in region of uterus, feeling at times as though it would come out, trouble increased by walking. Profuse muco purulent discharge, staining the linen yellow—Dysmenorrhœa. Menses coming on pale and scanty, then paroxysms of bearing down pains and increase of flow, with discharge of clots of coagulated blood.

Physical Signs.—Found uterus in second degree of descent. Cervix much enlarged and tender to touch. A very small speculum disclosed the enlarged cervix in a state of inflammatory ulceration; one small granular ulcer on the postirior lip bleeding readily on touch, the surface of cervix small and dusky in color, from which exuded a thick creamy discharge. Exuding from the os was a long string of tenacious mucus which was with difficulty removed. The cervical canal so small as not to admit Sim's small uterine probe; the greatest resistance being at the os internum.

Treatment—Hygienic.—Proscribed tea, coffee, corsets and sexual intercourse. Ordered plain, unstimulating diet, sponge bath on rising; vigorous dry rubbing of the whole surface of the body on retiring; cold wet hip bandages extending around the body, changed morning, noon and evening, worn day and night. Thorough irrigation of os and cervix with tepid water three times a day. Rest, but not absolute, in cool, well ventilated chamber; moderate exercises in open air once a day.

Medical.—Gave Sepia3 and Nux3 in alternation every three hours for two weeks; local applications of calendula and glycerine. Ordered injection of calendula and water twice a day, used after the parts were well irrigated with tepid water. At end of second week discontinued Sepia and Nux; gave Cimicifuga 1st, two drops three times a day. At end of third week menstrual flow began, lasted five days. Continued Cim. in frequent doses the first day of flow. Gave Sepia and Nux again for three weeks; then Cim. the week before the menses and through that period.

Progress of Recovery.—At the end of second week, absence of pain and painful bearing-down sensation. Cervix began to assume a healthy appearance—discharge had lessened considerably. At end of three weeks menses came on and continued throughout with but little pain At end of fourth week passed the probe without difficulty to the fundus. At end of seventh week ulceration entirely disappeared. Cervix natural size and uterus in natural position. No more leucorrhœa.

Second menstrual period from commencement of treatment, came in twenty-eight days from last, without pain or discomfort of any kind. After duration of flow, made last examination, found everything in normal condition. General health entirely restored.

TYPHOID FEVER.

BY STEPHEN SMITH, M. D.,
HEALTH COMMISSIONER OF NEW YORK.

TYPHOID fever is the great autumnal scourge of our country. It attacks the high and the low, the rich and the poor, the resident of the country, village, and city. The family of the most humble and lowly seems no more liable to it than the family of the most exalted in wealth and rank. It has no more respect for the royal family of England than the poorest peasant's household. Prince Albert fell a victim to it, and to-day the heir apparent is prostrated under its remorseless grasp.

We may gain some idea of the vast harvest of sickness and death which this reaper annually gathers from the following facts. It is estimated that from 100,000 to 150,000 people annually suffer from this disease in England alone.

The causation of typhoid fever, though long enveloped in obscurity, is now well known. It is one of the so called "filth diseases" of modern sanitary writers. Its most ordinary exciting cause is air or drinking water befouled with excremental matters. It is also quite certain that a person suffering from this fever may himself infect the air of his room or the water which receives his excreta with germs of the disease, so as to transmit it to others. A single case may thus be the fruitful source of a widespread epidemic.

The facts illustrating the origin of typhoids from excremental matters in drinking water are now very numerous and very instructive. Every experienced physician can give striking examples occurring under his own observation, It not unfrequently happens that the actual source of the disease is very obscure, and can only be discovered by the most persistent and intelligent inquiry; but the scientific student is generally rewarded with complete success. The following examples will illustrate the methods of communicating the fever:

In a small German settlement in the upper part of the city there was a severe outbreak of dysentery and typhoid fever. A physician, called to attend some of the cases, set to work to find out the cause. On inquiry as to the water supply, he was directed to a spring on low ground in the midst of the settlement, so situated as to receive the surface drainage. The water was pure and sparkling to the sight and the taste, and was loudly praised by the owner of the spring. A quantity put in a bottle and allowed to stand for a few hours threw down a thick sediment of most offensive matter, which, on being tested, was found to be as purely excrement as if it had been taken from a privy. The people ceased to use this water, and the epidemic ceased at once.

In a neighboring village typhoid fever broke out, and prevailed with great violence in a given locality. Search was made for the cause by the attending physician; but in vain. They appealed for aid to the health authorities of New York; and an expert officer examined the history of the outbreak and the locality, and predicted that a certain hydrant, which supplied the victims with drinking water, communicated at some point with house drains or the street sewer. The water-pipe was examined, and at a distance from the hydrant a house-drain was found leaking into it at a point where they traversed each other. The repair of these pipes was the cure of the epidemic.

While visiting in an interior township in this State, famous for healthfulness and the beauty of its scenery, I became interested in the history of a family which was suffering from typhoid fever. Of eight members five had perished, and one was then fatally sick. On visiting the locality, the house was found situated on an elevation, and all its surroundings were admirably arranged for health. One could readily believe the statement that there had not been a case of sickness in the house for twelve years. The following history of the present sickness was given: A few weeks before the fever appeared the pump in the well broke, and the farmer, being driven with his work, neglected to have it repaired. Meantime, the servant brought the water from a spring at the foot of the hill, which soon became low owing to the drought. He then resorted to a small brook, and from this source the family were supplied for two or three weeks. This stream, higher up, ran through several farm-yards and received the surface drainage. The first symptoms of poison by this water was slight nausea and a mild diarrhœa; after several days typhoid fever in its worst form was ushered in. Of the entire family but two escaped an attack, and they did not use the water. An examination of this water revealed a sediment of excremental matters.

The death of Prince Albert by typhoid fever gave rise to much discussion as to the source of the poison. Expert sanitarians contended that he had been exposed to sewer.gases, or its equivalent. Court physicians denied that there was any possibility of such exposure at Windsor Castle, where he had spent several weeks preceding the attack, A careful search was made of the drains, sewers, etc., of the Castle; but no leakage or possible escape of gases could be discovered. At length an old sewer map of the district was consulted and it was found that before the Castle was built an old sewer ran across the grounds, draining an adjacent settlement.

This sewer was now explored, and at a point directly under the library, where the Prince spent much of his time, there was a break, allowing the escape of sewer-gases directly into the library.

One of the most important lessons for households to learn is that excremental matters polluting the air they breathe or the water they drink will cause typhoid fever. It should be called "excrement fever," so that when the name is spoken every one is reminded of its canse. Far too little attention is given to this most fruitful source of sickness and death in cities, towns, villages, and by country residents. Excremental matter should be at once disposed of, so that they cannot by any possibility taint the air we breathe or the water we drink. This may readily be effected by disinfectants, of which the best is dry earth. Drinking water should always be taken from wells or springs situated above the level of human habitations; or so deeply, as artesian wells, that they cannot receive surface drainage.—*Independent.*

CORRESPONDENCE.

PROF. T. P. WILSON--*Sir*—Enclosed you will find an account of a very strange case, one that seems incredible, but I think that there can be no doubt as to the facts, for I have them from her own mouth, also her mother and the physician that has had charge of her for four years. If you think them worthy of publication, you can use tnem as you see proper.

I am very respectfully, yours,
WM. HOYT, M. D.,
Hillsboro, O.

Miss Anna M. Kelly, aged 20 last May, blue eyes, black hair, was very fleshy until within the last year, has now lost flesh considerably.

At fifteen years of age she got wet at the time of her menstrual period which caused a suppression of the menses that was continued to the present time.

Had poor health from that time but did not consult a physician until one year after, and since that time had been under Allopathic treatment, but without receiving any benefit.

In the early part of her sickness she had a great desire for fat pork, and sometimes in the night she would have to have three or four slices to eat before she could sleep, now cannot eat it at all as it produces a violent pain in the back.

Four years ago last August, while walking, a stitch took her in the lumbar region, and very soon a numbness came on, commencing under the nails and extending gradually to her body, leaving the legs and feet entirely insensible. Has had three spells of numbness, the first lasting two months, the second three months, and the last time it has now lasted fourteen months. The numbness at one time extended over the abdomen, one side of the chest and one arm, leaving only the head, neck, one arm and a part of the chest that she had any feeling in.

One time a physician made an incision in the top of her foot, but without producing any pain or hermorrhage. The wound kept open several days, and then closed up in a short time, without leaving any mark.

Each time during the numb spells the bowels have been very much constipated, and from Sept. 11th until Dec. 26th, 1870, (one hundred and seven days), the bowels were not moved at all. Thirty days of that time no urine was voided or secreted, and during the thirty days she had no desire for food but wanted to drink water all the time, and as soon as the stomach became full she would vomit it up.

At the present time her bowels have not been moved for about seven weeks; has taken twenty drops of Croton tiglium in six hours time without producing an evacuation of the bowels. Has also taken a pint of Castor Oil in the same length of time without producing any results. Injections of four quarts of water have also been useless, as has the action of a powerful Galvanic Battery. After the one hundred and seven days torpor of the bowels they moved without the aid of medicines, and were regular for four months, the evacuations resembling butter milk.

Last January she had an abscess of the liver, and a large amount of pus was vomited up, and considerable passed off with the fæces.

Has had chorea four years except in paralyzed parts. Has a constant motion of hands and head at the present time. Has had blue spots on the skin since chorea commenced; and the nails and around the eyes are now as blue as though colored with blue ink or indigo and at times spots several inches in diameter will appear on different parts of the body of the same color.

Has had petechiæ all over the face about four years.

She complains very much of a sensation of something slipping in the stomach. Has bad taste in mouth, sordes on tongue and teeth. Has not sat up for fourteen months; says she feels as though her spinal column slips out of place upon attempting to rise. Suffers with palpitation of the heart very much. Imagines she sees rats, snakes, etc., and her bed seems to her to be dancing around the room. Her teeth were good at the commencement of sickness, but are nearly all gone.

Vomited blood frequently in the early part of her sickness; but for one year past has had frequent spells of hemorrhage from the surface of the back and also from the mucous surfaces. One time this spring it lasted one week, and every day upon changing her under clothes they would be found to be covered with clotted blood. An exudation took place constantly from the lips and mouth of a dark sanguineous fluid.

During all of her illness she has seemed happy and cheerful.

EDITORIAL.

HOMŒOPATHIC HOSPITAL COLLEGE—SPRING TERM.

A course of practical instruction on special subjects of ten weeks, beginning March 14th, 1872. This course will embrace the following topics:

Opthalmic Surgery—T. P. Wilson, M. D.
Orthopædic—H. F. Biggar, M. D.
Surgery—N. Schneider, M. D.
Electricity as a therapeutic agent—B. Cyriax, M. D.
Gynæcology—J. C. Sanders, M. D.
Psychology—S. A. Boynton, M. D.
Symptomotology—H. H. Baxter, M. D.
Reproductive Organs—J. Pettet, M. D.
Practical Anatomy—J. R. Moody, M. D.
Medical Chemistry—M. B. Lukens, M. D.
Hygiene—H. B. VanNorman, M. D.
Clinical Medicine—Ed. Ulrich, M. D.

One hour each evening will be devoted to quizzes on some one or more of the above topics.

This course is supplementary to the regular term, and does not count toward graduation. Students matriculating for the following regular session are entitled to the spring term free; otherwise the fees will be $10.

The general, special, Opthalmic and aural, surgical and medical clinics will be held on the same days as the regular term.

For any further information, address,

H. F. BIGGAR,
Registrar, Park Place, Cleveland, O.

PERSONAL.

DR. CHARLES MORRILL has removed to Cleveland, where he will engage in the practice of medicine.

Drs. H. D. and S. B. Chase, of Titusville, were unfortunately burned out in the late conflagration in that place.

Dr. J. W. Jenny, of Salina, O., is another victim of fire, having lost his office and contents.

Dr. S. M. Fowler has located in Adrian, Mich.

NOTICE OF NEW BOOKS.

INTERMITTENT FEVERS AND OTHER MALARIOUS DISEASES.—By I. S. P. Lord, M. D. Bœricke & Tafel, publishers, New York.

A careful perusal of this work satisfies us that it should find a wide and rapid sale. It is undoubtedly the best thing ever offered the profession upon this vexed subject. But who ever expects to find in it a systematic or exhaustive treatise upon ague and kindred diseases, will most certainly be disappointed. It is simply a record of 215 cases, running through a period of over twenty years. These records were made in short-hand, mostly at the bed-side or immediately after seeing the patient. Says the author: "The work being clinical, the notes to the cases are written in the most familiar common-place, every day language. If an error was made in diagnosis it will be found in the book, for in no single instance was a comment, once penned, ever altered. If a blunder was made, the blunder remains." But the blunders are not astonishingly frequent. No man who takes such tireless pains to record his cases and who can give such a clear and concise account of his treatment, and success or failure—no such practitioner can make many mistakes. Great additional value is given to each case by the comments that are daily appended, and these are such as to invest the record with special interest.

The introduction is not so readable, and might have been wholly omitted, or very much abridged, with advantage. If by any device there could have been an occasional break in the monotony of cases, it would be an improvement. Nearly three hundred pages without chapter or verse, do not seem to be the work of Dr. Lord, with whom "variety is the spice of life" has always been a leading motto. But the book is readable in spite of many defects.

◆

HOMŒOPATHIC PHYSICIANS' VISITING LIST, FOR 1871.—Bœricke & Tafel have issued a new and admirable work for the use of the profession. Any one accustomed to using such a book will not easily be induced to undertake the year's work without such a valuable aid. A better one than this can hardly be found, and a trial of its use will prove its perfect adaptation to the wants and exigencies of every day practice.

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THE DOLLAR WEEKLY SUN, New York, comes to us ladened with abundant information. It is among the most readable and reliable of metropolitan journals.

THE OHIO
Medical & Surgical Reporter.

VOL. VI. MARCH, 1872. NO. 2.

ANNUAL ADDRESS.

BY J. D. BUCK, M. D., PROF. OF PSYCHOLOGY.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE, FEB. 14, 1872.

MR. PRESIDENT,—LADIES AND GENTLEMEN.—We are here assembled to witness the advent into professional life of those who are to-day the recipients of the latest honors of this Institution. To them, this day will be forever memorable, as marking an epoch in the life henceforth dedicated to the relief of human suffering; to us, as well as to those who are to receive their ministry, the day is equally auspicious, to all, the hour is pregnant with lessons of instruction. There is a law of compensation here as elsewhere. Just to the extent that man values life above all earthly possessions, is the obligation here assumed greater than that undertaken by the neophite in other avocations, and to the same extent does man's obligation to the true physician rise above a mere market value.

Notwithstanding there have been laws enacted for the suppression of quackery, in spite of professional caste and standing attached to medical degrees, there are no doubt ignorant and unprincipled men in the medical profession, and yet if people were more in the habit of distinguishing between the charlatan and the true physician there would undoubtedly be fewer lives sacrificed to charlatanry.

I am not certain that the law which provides that the medical practitioner shall have previously pursued the study of medicine, attended medical lectures, and graduated at an institution legally authorized to confer the degree of Doctor in Medicine, ought not to provide that those who require the services of the physician should also have been put through a preparatory process, to enable them not only to take better care of their health, but to judge also of the qualifications of their medical advisers.

If in our common schools, the time devoted to the dead languages, and some other departments of learning, were spent in the study of anatomy, physiology, and the laws of health, there would be fewer impositions practiced on society, and a notable decrease in mortality.

This demand for a more general diffusion of knowledge on these important subjects is being more and more realized, although but little definite action has as yet been taken. In the meantime, society seeks protection by guarding the entrance to the medical profession, and by rendering the initiation of the neophite, solemn and imposing. The standard of medical education is constantly being raised by the profession, and thus man's bodily welfare is being better secured.

The labors of the physician for the welfare of society being thus recognized and his relation thereto, one of reciprocal action, and mutual dependence, it necessarily follows, that whatever concerns the interest of the one, is of equal importance to the other. It will be readily admitted that the knowledge possessed by the physician for the relief of human misery, should be as ample and complete as possible, and coming as it does, from a great variety of sources,—in fact from almost every conceivable source—it follows, that whatever retards or hinders human progress in any department, hinders also the advancement of medical knowledge. More especially is this true in relation to scientific advancement, and the advancement of science; for not only is the medical profession indebted to science for its most valued possessions, but the amelioration of the condition of man everywhere and his elevation above the condition of the barbarian, is due also to the advancement of science.

I have therefore chosen as the subject of the present address, THE CONSIDERATION OF THE PRINCIPAL CAUSES WHICH IMPEDE THE ADVANCMENT OF SCIENCE.

The progress of science has been from the beginning, a conflict with old opinions and prejudices. Men cling tenaciously to old opinions, and prejudices, and are loth to give them up, for things settled by long use, which, if not absolutely good, at least *fit well together*.

But science regards neither age, nor time, and ever prefers *new-born truth*, to *gray-haired falsehood*.

However respectable error may appear, whether it be clothed in kingly garb, or priestly cowl, it contains within itself the elements of its own destruction. Science is its destroyer; Science which demonstrates, analyses, or dissipates; Science which regards neither friend nor foe, but which as firm as fate, and as unyielding as the sphynx, refuses allegiance to anything but TRUTH.

Science is the hand-maid of truth. She is not a deity to be blindly worshipped, for she is herself a worshipper at the shrine of law.

She places Evidence above all human authority, and insists, that in taking evidence, there shall be neither hindrance nor oppression.

Time and again has science overthrown the idols of superstition and ignorance, and erected in their stead the altar of truth, only to see her advocates perish by the hand of the people whom she sought to elevate.

We seldom fall into greater folly than the habit of prejudging matters concerning which we know nothing; passion, prejudice and human authority, are placed in the balance, where it is possible only, that fact and evidence can have weight.

Nearly all the topics upon which men to-day wage bitter and hostile warfare, are simply questions of evidence, for lack of which, the most that can be definitely determined, is that *from the evidence adduced*, the *probability* is thus, or so, and that future investigations shall not reverse judgement. No one has authority to affirm; in fact judgement is continually being thus reversed.

The court of appeal is always the enlightened judgement of succeeding generations. Few decisions of one age are received as final by the next, and truth will forever claim a new trial, so long as it remains under the law of error.

The most positive opinions regarding a given subject, are not generally entertained by those in possession of most evidence concerning it. He who positively asserts most is not generally he who knows most.

The weak side of an argument is often fortified, with the array of authority by which it is supported, and thus obtains the sanction of a majority of mankind. But when all this fails, and it is urged that the evidence seems to point in another direction, and both the right and the duty of free and earnest inquiry is urged, we are warned that in that other direction, lie quicksands of destruction, and that only "infidels" and "materialists" dare go that way; that it is downright presumption on our part, to undertake the investigation of questions already so comfortably settled. The fact is entirely overlooked that time has only added a little soil, and made a little firmer the position, now denominated respectable, while beneath it lie hidden the forbidden ground and slippery places of a former generation.

When we reflect how small a thing has often unsettled and revolutionized nearly every department of human knowledge, we shall be careful in taking for granted, positions in the establishment of which evidence is not even claimed as a factor. The swinging of a lamp, the falling of an apple, the ligation of a blood vessel, have led to mighty results.

" Who would have believed," says Dr. Draper, " that the twitching of a frog's leg, in the experiments of Galvani, would give rise, in a very few years, to the establishment beyond all question of the compound nature of water, separating its constituents from one another—would lead to the deflagration and dissipation in a vapor, of metals that can hardly be melted in a furnace—would show that the solid earth we tread upon is an oxide—yield new metals light enough to swim upon water, and even seem to set it on fire—produce the most brilliant of all artificial lights, rivalling, if not excelling in its intolerable splendor, the noontide sun—would occasion a complete revolution in Chemistry, compelling that science to accept new ideas, and even a new nomenclature, that it would give us the power of making magnets capable of lifting more than a ton, cast a light on that riddle of ages, the pointing of the mariner's compass north and south, and explain the mutual attraction and repulsion of magnetic needles—that it would enable us to form exquisitely in metal casts all kinds of objects of art, and give workmen the means of performing silvering and gilding without risk to their health, that it would suggest to the evil disposed the forging of bank notes, the sophisticating of jewelry, and be invaluable in the uttering of false coinage, that it would carry the messages of commerce and friendship instantaneously across continents, or under oceans, and 'waft a sigh from Indus to the Pole.'

"Yet this is only a part of what Galvani's experiment, carried out by modern methods, has actually done."

In latter times we have the discovery by Count Rumford of the mechanical equivalent of heat and motion, and the resultant principle of correlation and conservation of force.

The apparatus employed by Count Rumford was even more simple than the frog's leg used by Galvani, and yet it would require volumes to record the revolutions in nearly every department of knowledge that have resulted therefrom.

The value of an idea, the estimate of a discovery, evidently depends upon the relation which it bears to the welfare and happiness of man; consequently the discovery of laws, which, while they have a strictly scientific value, are also related to the every-day affairs of life, is of inestimable benefit to mankind, and yet they are not generally so regarded. On the contrary, we shall find, in relation to most scientific discoveries, the breadth of the relation to man's highest interests, the measure of the opposition with which it is met. Men of science are apt to regard the discoveries announced by other scientists with great complacency at least, well knowing that angry denial cannot devour like the fires of the crucible, and that "bell, book and candle" can never exorcise the spirit of truth.

So long as the investigation of force was confined in its application to the physical universe, it met with comparatively little opposition, but, no sooner was the inquiry raised, "What relation does this principle of molecular motion bear to organic life?" than the time-worn, blood-stained banners of opposition were unfurled; and when, step by step, the investigation proceeded from the life of plants to that of animals, a threatening sound, like distant thunder, came up from the host arrayed against the new doctrine, but when the investigation proceeded from the body to the brain of man, and both were declared to be governed by one universal law, originated by the Infinite Father 'when the morning stars sang together,' the scene could not be mistaken for 'the sons of God shouting for joy,' but reminded one of that other army, once driven, howling, from Celestial abodes into outer darkness.

Truth must indeed be immortal to survive the hostility of man.

The discoveries to which I have referred were but the enunciation of nature's laws, simple in statement, mighty in result.

Hahnemann's discovery was of a similar nature, and has met the same opposition.

The announcement that the *law of similars* is a law of nature, and a part, therefore, of the organic nature of things, and that drugs administered upon this principle for the relief of the sick, produced definite results, and a decrease of mortality, would seem to be the greatest boon to suffering humanity.

I have already referred to the manner in which scientific men regard scientific discoveries, viz: by submitting them to rigid and impartial examination. But medical men as a class do not generally so treat medical discoveries. Whenever ridicule has failed to silence the new doctrine, they have sought to crush it out by persecuting and ostracising its advocates.

The discovery of Hahnemann has met the opposition of the sectarian, and its advocate the ridicule of all classes, while it seldom seems to have occurred to its opposers that the surest way of exploding the so-called "humbug" is to submit the law to the usual scientific test. Even among homœopathic physicians the discovery seemed not to have been made that open and free discussion is ever the handmaid of truth, and that evidence is superior to authority.

But silencing forever the orators of the American Institute will not prevent a full examination—even by physicians—of "Man's true relation to nature," any more than the murder of the innocents thwarted the mission of the Messiah.

The science of medicine, in the old school, like some promissory notes, is valuable chiefly on account of its collaterals, for when we have assigned to anatomy, physiology, botany, chemistry, and the like, those facts which are collateral to medicine, but which belong specially to these several departments, we shall find little remaining save conjecture and contradictory experience. At the only point where this so-called science of medicine is related to man's bodily welfare, viz: therapeutics or the treatment of disease, the whole superstructure crumbles like ropes of sand, leaving the unhappy victim of disease too often a prey to experiment, caprice, ignorance or cupidity, and not unfrequently to all combined. The question may well be asked, is Homœopathy destined to endure, or will it follow in the wake of the thousand-and-one isms, and pathies, which have preceded it? As a separate school of medicine it will exist just so long as the necessities and abuses which called it into existence remain, but its cardinal principle, its law of cure, is one of nature's eternal entities. All else in the new system is subsidiary to this law. The medical man has the power if he have but the will to select, not by guess or hap-hazard, but with scientific exactness, the remedy for our many infirmities; and yet, strange as it may appear, many of the men foremost in the advocacy of this law, are also foremost in opposition to those principles to which they must inevitably look for its verification.

The question to be decided in the investigation of any new doctrine, is not whether it accords with the prevailing sentiment of mankind, nor is its conformity to the interpretation put upon other revelations, whether of religion or science, a matter of the first importance. The question is not one of likes or dislikes, to be settled by consulting the feelings, as to what we would prefer. The sole question to be determined is *whether it be true*, and this question is to be decided by the weight of evidence brought to its support. The advancement of science is constantly impeded by allowing authority and prejudice to weigh against evidence, and by the selfishness with which we view, and the reluctance with which we yield, our cherished opinions, and when we seek to force these opinions upon others against their convictions, and against evidence, and to prevent the full investigation of all evidence bearing upon the the question involved, by terrorism and ostracism, we are guilty of most unwarrantable assumption and arrogance. Truth is ever modest, and though she may be brave she is never arrogant. If, therefore, in the legitimate pursuit of our investigations, we are warned that the tendency of such inquiry is toward the antipodes of heaven, we have but to reflect that he who affirms this of investigations concerning which he may know nothing, and who appears to be on such familiar terms with the will and judgment of the Almighty, is a man like ourselves, without patent or vicegerent authority, and sometimes without common honesty.

Since truth is truth, and nothing else but truth, he who seeks it diligently, whether in rock or blade of grass, in body or brain of man, is quite as likely to recognize it when found, and wherever found, as he who having his mind fixed on the conceited image of himself till his pur-blind eyes can see nothing else, imagines the Creator of worlds to be fashioned after his own puny pattern. That grown up men and women should be frightened by bug-bears, which certainly would have been powerless in days of pinafores and short frocks, seems strange indeed, more strange by far than that the same spirit of intolerance which has burned witches and Quakers, and truth-seeker, and truth-speaker, should still persist in making faces, and calling names, because, forsooth, they have grown too cowardly and contemptible to do more.

If one push his investigations a little closer to physical relations than these people deem respectable, he is a "*Materialist*," or if he study into phenomena relating to man in the beyond, he is a "Spiritualist," terms which seldom have a greater significance to those who thus apply them than simple epithets of reproach, or imagined disgrace.

The mind of man is a jury of peers impannelled by the Almighty to take evidence on the trial of Truth. Reason is foreman, and every juror is not only entitled to a vote, but by presence and obligation is bound to try the case *according* to the evidence. Insufficient evidence begets doubt and warrants a new trial. Before this jury come the special pleaders to whom I have already referred. They coax and wheedle, and browbeat and bully, till we almost wonder why the Supreme

Judge does not call them to order, and fine them for contempt of court. The stolid jurors sit unmoved and undaunted, and cry with one voice, and that the voice of Reason, "*give us the evidence;* we neither know nor care for your authority; the Judge will take care of that. Give us the proof in this case."

Deny it who will, this is to-day the natural and healthy attitude of the mind of man, and this method of free and untrammeled investigation of both sides, and of all sides, is of far more consequence than any immediate result can possibly be.

Whether the world was made in six literal days, or in six millions—whether man descended from an angel, or ascended from a monkey—whether protoplasm be the common dust of all life, or whether, as the boy had it, negroes are made from coal dust, and white men from chalk—all these questions sink into insignificance beside the freedom of thought and untrammeled investigation through which alone man ever has, or ever can perceive a truth.

Somewhere in the universe of God is the truth concerning all these things, not one jot or tittle of which any human will, or human authority, fire, faggot, or persecution can change, or any human doubt, denial or unbelief alter. If, then, our belief concerns only ourselves, assisting us to adjust our relations to the eternal entities, is it not the part of wisdom to seek to comprehend these entities before considering any adjustment final ?

Science to-day transcends all other departments of human knowledge—not intrinsically—not relatively—but in the attitude of its cultivators toward unrecognized truth. If, therefore, there is a subject upon which there is no evidence, let us bow in humility, and confess that there is One wiser than man, but so long as there is a particle of evidence to be adduced, or testimony to be examined, let us hesitate in regarding any conclusion as final, and let us remember that the truth when found, and wherever found, is none the less truth, whether in our poor judgment it spiritualizes matter, or materializes spirit.

The cause of dissentions and disagreement among men is not in the subjects themselves so much as in the diversity of mind which perceives them, although we are in the habit of attributing it to them, and of regarding our own peculiar view the only one entitled to consideration.

Mankind are generally united in things certain, in relation to which there is, through the operation of the senses, a full complement of evidence. "We must," therefore, "draw a line of demarcation between propositions that can be verified, and those that cannot, and separate by an inviolable barrier the world of phantasy from the world of realities. When we come upon a subject in the estimation of which the judgment of men is divided, we may very safely conclude, either that the evidence is incomplete, or that it is of such a nature as not to be readily appreciated, and correctly interpreted by the average intellect, and the effort to force conviction by terrorism, or persecution in any form, and to supplant evidence by dogmatism, can never further the cause of truth.

It is generally conceded that in no department of human affairs is there greater diversity of opinion than in matters of religion; and while it is true that the sects in religion outnumber those in medicine, there is probably no greater diversity of individual belief in the one case than in the other. Diversity of religious belief, in civilized countries at least, arises from the habit of confounding religion with theology, the one relating to man's earthly existence, is based on self evident propositions, verified continually, the other—theology—relating to the unknown cause, and the future of being, presents propositions difficult, if not impossible of solution. Medicine offers the same common ground of union as religion, in both, the practical test, scientifically applied, is the criterion. Man's moral nature does not always conform to his intellectual developement; he may be pure and upright in life, because he perceives that he is happier so, while his perceptions of the Creator and of the future, the existence of which he may even doubt, are false in the extreme.

So also in medicine, if we apply the practical test, and weigh well the evidence, we shall avail ourselves of the best known mode of relieving human suffering, whether it overthrow our cherished doctrines, wound, our vanity, or exclude us from our former associates or not.

In all matters of life, then, we should regard evidence as a matter of the first importance, and never manifest intolerance toward the opinions of others, or allow it to swerve us from the pursuit of truth.

To you who go forth to-day to heal the sick, a mission of love, second to none on earth, it is a matter of the first importance that you place a proper estimate on evidence, and that you claim for yourselves, and exercise toward others, that charity which is neither puffed up nor maketh afraid. Every faculty of the mind, like every member of society has a mission to perform, a duty both to itself and its neighbor. If you would rise to the full stature of your professional ideal, you will lose no opportunity to increase your store of knowledge.

"Of all great branches of human knowledge" says Lecky "medicine is that in which the accomplished results are most obviously imperfect and provisional, in which the field of unrealized possibilities is most extensive, and from which, if the human mind were directed to it, as it has been during the past century to industrial inventions, and especially to overcoming space, the most splendid results might be expected." "He who raises moral pathology to a science, expanding, systematizing, and applying many fragmentary observations that have been already made, will probably take a place among the master intellects of mankind" and yet the men who are devoting the best energies of their lives to this problem, are stigmatized as "infidels," and "materialists," whom especially the young and thoughtful student are counselled to shun, as they would the breath of contagion.

Galileo, Harvy, and Jenner were declared infidels in their day, and even the Son of God was accused of blasphemy, even so hath it been from the beginning.

> Tho' we crucify truth daily, tho' we plant with thorns its brow,
> Scourge it, spit upon, revile it, and crown error here, and now,
> Still in God's own time, His angel comes and rolls away the stone,
> And we find but dust, and ashes, where we knelt before a throne.
> *In the cycles of the ages, truth comes up uppermost at last,*
> *And the Saviors of the present, are the martyrs of the past.*

TREATMENT OF DISEASE.*

BY L. BARNES, M. D.

Since man's infirmities or sicknesses are double, mental as well as physical, it follows that the treatment should be of the mind no less than of the body. And since their very origin, first principles, or roots are in the mind, it is of paramount importance, that the great work of relief should be directed here. Whatever be the agent used, the first inquiry should be with regard to its legitimate effect upon the mental part. But this, in common practice, is assigned a secondary place, or is forgotten altogether.

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* Delivered at the Cleveland Homœopathic Hospital College, Session, 1871 and, 72.

How carefully the doctor feels the pulse to see how many strokes the fleshly heart tells in each minute, and how hard, or soft, or regular. But when does he inquire about the deeper movements of that other heart which beats in deleterious anger, hatred, violence, revenge, or in the wholesome state of resignation, calmness and good will. How carefully and wisely, he looks at the tongue, to see its color, and how clean it is, while he is careless or oblivious about the decency or foulness of the words which are accustomed to reveal the qualities of mind. How minutely he explores the chest, and listens to all noises of the breathing, while the aspirations of the mind are overlooked. How kindly he enquires about the appetite and sleep, and listens to minute rehearsals to the varied pains of body, while he knows or thinks but little of the longings, restlessness, or agonies of soul.

And it our doctor, should attempt to search with equal care, for all the sickly passions and conditions of his patient's mind, which are perhaps in equal need of treatment, or of equal or superior import, as way-marks or guides to proper treatment, how little, often, would he ascertain. Our patients and their friends are usually ashamed to speak of those diseased conditions. They desire to hide them, looking on them as disgraceful, as indeed they are, having resulted from some moral evil, either of themselves or ancestors. But so are physical diseases and complaints disgraceful, for they have resulted from disreputable mental states. It is a shame to be diseased. It is a mark of sin and folly, in ourselves, or in the race of which we are a part, or in both. Even the old man who fell and broke his leg in simply going to the spring, had no well founded right to have such rotten bones. It was a sort of degradation. There must have been psycotic, syphilitic, or some other shameful taint within his system. I always feel humiliated, when unwell, or when remembering that I have chronic ailments in my body. I have a horor at the final thought of dying from disease. I look upon it as a punishment for sin, partly my own, and partly those pertaining to the race. I *would* wear out and pass away.

Why should sick people, therefore, think it rude and meddlesome in their physicians to inquire into the deep disorders of their minds, which kindle and sustain the fires of sickness in their nerves, and flesh, and blood, which they are calling on them so vehemently to quench? Why should they blush in anger if the primal cause be questioned or uncovered, while they often seem to think its outward and legitimate effect somehow a mark of merit, possibly a mere affliction sent upon the good, perhaps on *them* to make them good; they being faulty in the abstract, or in general—poor miserable sinners, but not guilty at a single point which may be named and designated, as connected with their sufferings?

We tell dyspeptics they must govern and deny and and elevate their appetites, and do some wholesome work if they would have their aching stomachs cured. We tell the sufferers with *mania a potu*, and their friends, that they must be reformed in conduct and in character, or die. We tell the syphilitic that his moral degradation is about to eat him up, even to his very bones. But we seldom tell sufferers from Neuralgia that they should quit indulging spitefulness and venom, peevish fretfulness and worry, weak repinings and complainings, or despondency, or any of the passions which exhaust or iritate the mind. We satisfy our consciences, perhaps, by such directions as that they should not drink coffee, or eat sausages. And in the more inflammatory fevers, cerebral diseases, and the like, we do not often look after the deeper envyings and bitterness, or more violent passions, hatreds, griefs or disappointments which may have preceded, which attend, or which may be fixtures within the character.

It is not, however, altogether our fault that we do not point out these connections more extensively and more in detail, and insist upon the mental remedies, because we have not yet explored them far and certainly enough, and furthermore because our patients are not ready to submit to such fair dealing. We are like those preachers who cannot declare the whole gospel, and may not always point especially to evils that they see, and say to persons in paticular, these pertain to you, But the millenium, physical or theological, can never come, until mankind are willing to survey their individual corruptive tendencies and open sins and sicknesses of both kinds, and to leave them. Then, and not till then, can this, our fallen race, be cured, that is—forgiven.

But something more than mere removal of the cause is needed for the cure of sickness. Certain curative appliances may be adopted to remove the ultimate effects. These healing forces we call medicines. Their nature is mysterious, semi-spiritual perhaps, or wholly so indeed if, as some investigators and philosophers declare, all forces are in nature spiritual.

Some drugs at any rate most clearly reach the mind somehow. Some appear to spend themselves upon the mental passions chiefly, touching very lightly on the structures of the body. Others plant their aches and pains, and leave their traces chiefly in the flesh, blood and bones. And others fix their venom deeply in both mind *and* body. As thus :

Ipecacuanha smites the stomach with distress and nausea, the lungs with tightness and hard breathing, and the organs of the abdomen and pelvis with unpleasant symptoms of peculiar kinds, and even sends up stinging pains into the head,—but leaves the mind for common undisturbed, at least comparatively so. It consequently has but little power upon diseases wherein mental disturbances are prominent among the symptoms.

Opium or *Morphine*, on the other hand, appears to reach the mind directly and chiefly, with a more remote or secondary action on the body. There is first exhilaration and then depression, till the senses are obscured, benumbed, and lost in sopor. Repetition, and continuance of application with increase, brings longer and intenser exaltations of the mind, amounting often to the most delightful joys and visions. This is followed by a correspondingly protracted melancholy and depression, finally without the soporific stupor and forgetfulness. Relief from bodily distress and pain, which had at first so charmingly attended the exhilaration and the sleep, grows less and less until it nearly vanishes. Exaltations and depressions of the mind remain almost alone. At last the visionary ecstacies and joys are felt no more, but in their stead come frightful and fantastic visions and continuous despair.

And here two mental traits become predominant and fixed, which are not induced, so far as I know, by any other drug. The first is deep corroding shame. The habit of indulgence, which is now a second nature and doleful necessity, is gratified in secret or alone as far as possible. The victim seems to think all eyes are seeking to explore his habit, and he feels degraded. Drinkers of the different forms of ardent spirit, though really disreputable, seek companionship in degradation, and among themselves will often boast of their ability to bear enormous draughts. Not so the opium eater, he would be alone in his indulgence, and deny the habit or conceal the quantities consumed, from every one. The second prominent affection, or infection of the mind, is an impairment of the moral sense, at least in some directions. Those who are in subjection to this drug can never be relied upon to speak the truth in things pertaining to its use. The sacred preacher even, whose text book is Truth Divine, will tell repeated falsehoods to the doctor he employs to help him break away from his unhappy bondage,—and this, too, when success depends quite largely on a knowledge of the simple truth. They will not tell correctly where the habit was contracted, nor how much they use. And when they claim to have reformed, we never know for certain. As far as I can ascertain they all are so. It is a real part of the contamination of the opium disease. Disorder is induced upon the soul.

When the person dies of this disease—is absolutely done to death by opium—there no marks of local irritation left upon or in the body, no giving away of fiber, no ulcerations, no putridity of fluids as in common fevers, indicating dissolution of the blood. No characteristic signs are left, except engorgement of the brain and may be of the lungs, and sometimes an effusion in the ventricles.

Hence, the chief or central range of opium as a remedial agent, is in such disorders as are marked and known by elevations and depressions of the mind, with wakefulness or sopor, tending on the whole to melancholy and despair, with sense of shame and loss of moral truthfulness; and secondarily, to fulness and congestion of the brain and lungs. Then follow many things of minor consequence, which may be found within the books.

Let us turn now to a noted specimen of the agencies that seem to smite alike the body and the soul.

Alcohol. — A most peculiar artificial agent — found nowhere in nature. It abides not in the earth, air or water,—is nowhere in the plant, shrub or grass,—is not in fruit or grain. It is not anywhere, until the richest, best and sweetest foods, containing starch and sugar, are destroyed and broken, and innoculated with decaying matter, such as malt, and thus left to fester or to rot in dissolution, when, at the auspicious moment for invoking ill, heat is persistently applied to this decaying and dissolving mass, and forth emerges this hot spirit of enchantment. It is born thus of the destruction and perversion of the good things of the world. When nature's choice provisions for sustaining life are leavened with the decaying elements of death, and boiled beneath the coiling worm, and some mysterious evil influence is breathed into the cauldron, this creature comes up through the steam. His work upon the soul and body corresponds well with his origin, as we shall now proceed in brief to show.

First upon the body.—When St. Martin had been drinking for some days, in moderation, not enough to hurt his appetite for common food, or to impair the quiet soundness of his sleep, or give him pain or burning, the stomach would be found inflamed, with ulcerous patches here and there, and the fluids vitiated.

Now let this temperate use, this proving of the drug, go on, and what should be the proper and legitimate result? Just what we see: The stomach finally becomes wholly inflamed, injected, thickened, sore, and ulcerated; liver granulated, knotted, tuberculated, cancerated; kidneys granulated, with albuminous discharge; brain congested, musty, filled with oily granular degeneration; flesh bloated, spongy, soft and foul; eyes bleared, bloodshot, dilated; countenance suffused and red, or pallid; lips livid; gait tottering and weak; nose pustulated, swollen up in knobs or knotty eminences, bluish, yellowish, and very red. The breath is foul, the blood corrupt, the body all unwholesome and unsightly.

And next upon the mind: The faculties appear to be at first excited and perhaps exalted. The victim thinks himself exceeding wise, but often talks egregious nonsense; maudlinizes on religion or philosophy, or politics; feels very strong and mighty, when a child might turn him topsy-turvy. His words grow indistinct; his sentences become disjointed; his mind is reeling with his body; sopor overspreads his muddled senses, and his mind is but a shameful blank. It is not sleep; it is not death; it is a mockery or profanation of them both. Nature recuperates while he is dormant, and he rises to repeat the shameful round.

But there are often found unwonted symptoms mingled with the common orgies of this power, such atrocities as never come from other drugs. *Crimes* are induced, bred, or developed. Nature's most malignant poisons do not lead to these. Arsenic is terrible upon the system, and may kindle, seemingly, a burning fire within the stomach, and the sufferer may die in agonies of thirst for water, but he does not wish to injure any one. Strychnine leads to death in fear and fearful spasms, but leads not to crime. Even opium, which most resembles alcohol in bringing on excitement, sopor, frightful fancies and delirium, and which impairs the moral sense and leads to many falsehoods, leads the victim not to wrong and violence—except against himself. But alcoholic poison renders men more heartless and infernal than the most savage wild beasts, for these will never mutilate and worry their own females, while the alcoholic man will often bruise the tender body of his wife. The fiercest animal in all the world is ready to defend its young on all occasions, even to the last pulsation of its heart—but the alcoholic man may dash the head of his child against the wall, or throw it screaming forth into the storm. Indeed, our criminal statistics are loud-tongued upon the evil deeds committed through the instigations of this drug. Eighty-five per cent., or more, of all the crimes brought into court are charged to its account. This voice is eloquent upon the point before us.

The final consequence of such an evil agent on the mind is, most legitimately, fear and horror which is absolutely without parallel. The unwilling prover of the drug is found at last with trembling hands and wild unearthly countenance. There is a dreadful sense of sinking at the heart, and throughout every nerve and fibre. Tremor follows even to the deepest and most hidden parts. Vague terror and depression and distress attend. Fear and trembling seem indeed to be the key-notes. Yonder he beholds some wicked men pointing their loaded guns from hiding places. There is a conspiracy to take his life. Malicious, chattering, hobgoblins fill the air, and leer with sinister designs upon him. Other horrors thicken fast. "Hark! hark!" he cries "who calls my name? Devils, devils! there they come! Off, off, you fiends! Get off my window-sill, ill-mannered imps! Stop your impertinent winking; I'm not going with you. See, see those fleshless arms, with gleaming daggers in the bony hands! Oh, that dreadful snake, rolled up into a dozen coils! Put down your ugly head, big twisted monster! Keep your crotched tongue inside your gaping mouth. Oh! oh! yonder is the hugest and most dreadful thing! He sits on empty space up in the air! His great round eyes are open wide! Can't you wink, big devil, and conceal your glaring balls an instant? Must they stare forever down into my naked soul? Help! help! Must I endure alone the malice of that demon, and of all the imps that live in hell? Oh, horror! horror!! horror!!!"

He sinks convulsed and senseless, stiff and livid. His eyes are set, and seem to stare spell-bound on vacancy, as if detained by some enchanting horror, now turn glassy and then stony, and we call him dead.

Such are the noted and notorious effects of alcohol upon the body and the mind. If used, then, as a medicine, should it not be in correspondence with this range of symptoms? What right have Homœopaths to use it otherwise, and in large quantities, besides? What right have they to set it down in text books "as a nutritious substance"? Why should we employ it, as the old profession does, "to relieve languor and fainting, to support the vital powers in the later stages of prostrating fevers, and to restore suspended animation?" which many of our doctors do. Not as *medicine* according to the corresponding symptoms, but *to sustain the vital powers*, just as the weak inebriate drinks to give him strength, although, alas! it gives him none.

And how do they suppose it gives support, or acts as a "nutritious substance?" Why, it serves to stop the over active process of life, so that for a certain time, the msucles, bones and nerves, &c., are not getting rid of their effete (dead) tissue, but are retaining it and using it as far as possible, sustains low, failing, dormant life, and even restores suspended animation, by checking the very processes of life! And checks these processes by loading them with poisonous, dead matter! And does all this by adding yet another poison. Can it be possible that we are practicing on such a plan as this? And if we should succeed, against all principles of fact and reason, in rallying, renewing and supporting life in this way, what sort of life should we be likely to induce? What but the life which breeds the whole of alcohol's legitimate diseases, and goes out at last among unseemly toads and snakes and devils? But far more likely and far better, possibly, our sinking patients will be hurried off—drunk!

The essence of the doctrine we have merely illustrated by our brief analysis of Ipecacuanha, Opium and Alcohol, is, that drugs should be adapted to the inroads of disease upon the mind especially, as well as on the body, and that the law of similars, or *correspondence* should not be violated—by its friends.

GRADUATION ADDRESS, SESSION 1871-2.

BY T. P. WILSON, M. D., PRESIDENT CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

LADIES AND GENTLEMEN:—Before the utterance of our parting benediction, it is fitting that I should call your attention to a subject the importance of which is not to be estimated by the fact that no time or place for its consideration has been found in the regular course of lectures to which you have recently listened. If you have profited by the instructions bestowed upon you, you cannot now mistake the nature and tendency of God's great universe of mind and matter. Let us quote the eloquent language of Dr. McCosh:

"We see everywhere signs of progress. There is progress in agriculture; there is progress in the arts;

there is progress in the sciences. Man's dominion over nature is rapidly increasing, and the earth is made to yield a greater produce. The struggle for existence still goes on; but there is evidence that the intellectual is to show itself stronger than the physical, and the moral, under the government of God, always stronger than either. For the present we see the serpent biting the heel of the seed of the woman, but the age of the serpents, with their crushing force and their cunning, is to pass away, and we see proof that the woman's heaven-born seed is to crush the head of the serpent, and, as Plato forecast it, the good shall be uppermost and the evil undermost forevermore."

Standing confessedly at the head of the great school of philosophy that represents that conservative element in society which constitutionally doubts the new, and jealously adheres to the old, Dr. McCosh, through an irresistible inspiration, has given utterance to the grandest fact known to the human mind. And I doubt not his cautiously uttered words have a deeper significance and a wider application than he would be willing to allow.

It is not my intention, however, to insist at length upon this idea of universal progress. This would better befit the oration of some self-inflated sophomore. It is, you know, the cheap tinselry that gaudily decks the eloquence of graduation days. School-boys agree with the press, the platform and the pulpit, that the world progresses. And everybody believes it, and applauds the sentiment.

But mark you now this curious and important fact. This truth stated in general terms admits of no denial. In this broad and catholic sense it offends no one. It is rather pleasing when viewed as a glittering generality.

Conservatism herself approves the indefinite idea of universal progress.

But when you attempt to descend to particulars, when you attempt to apply this rule or law of progress to specific things, you materially alter the circumstances of the case. Presume to designate the parties and approval turns to denial, denial assumes opposition, and opposition becomes persecution.

You talk seriously to men of law about progress and they will charge you with being a modern and hated *commune*, a disturber of the sanctity and safety of society. Laws they will tell you are enacted to be maintained and executed, not modified. The relations of husband and wife, the laws of marriage and divorce, the relation of employer and employe, the laws that govern capital and labor, the relations of society and its criminals, and the laws that protect the innocent and punish the guilty, have all been accepted and settled long ago, and if you suggest a change you have hurled at you the charge of being a "free-lover," an "agrarian," an "internationale."

You go to the pulpit and suggest a change,

> "Be it so much
> As makes it light or heavy in the substance,
> Or the division of the twentieth part
> Of one poor scruple ; nay, if the scale do turn
> But in the estimation of a hair,"

why you are an infidel, or possibly something worse.

You go to the medical man and talk progress to him. Lay but your finger upon the gods of his household and suggest that any of them should have their power curtailed or their sceptre wrested from out their hands, and what are you but an arrant quack? How can you seriously talk of change to men of a profession whose ancestry dates back

> "Twice one thousand years?"

O yes, the world does indeed progress, but we lawyers, we theologians, we doctors—and I might run through the whole list from king to commoner, and say of each as of these—why, we do not change. It is impossible, and therefore preposterous.

But there can be no such thing as general progress without special and particular instances of the same. How would the world roll upon its axis were each of its separate atoms to successfully bid defiance to motion? How would you get the grand procession of the universe were each sun, and planet, and satelite to refuse to run their accustomed course? How can you get the world morally, socially or intellectually to progress if nobody in particular is disposed to move? What will the civilization of the future be if we all must stand still in our tracks, or if, when we move, it is forever in the same beaten path?

We should be able to go to each department and point out where changes have already been wrought, where changes are now going on, and where changes should certainly take place. And we should do this fearless of the anathemas that may descend upon our heads—we should do it in the fear of God and in the love of truth.

This, then, is the spirit in which we come to consider our duties and relations toward the medical profession. Of course, if medical science be a definite and fixed quantity, if it lifts itself up before you as a vast, incomprehensible and unchangeable form like a rock in the sea, like a mountain in the plain, then you have only to approach it by the most approved way—only to work yourself up to it by the most efficient method, and when you have gained its summit, where you can unfurl your diploma to the enchanted and awe-struck gaze of the world, then shout in the language of brave Fitz James:

"Come one, come all, this rock shall fly
From its firm base as soon as I."

But if, on the other hand, medicine, like every other department of the human knowledge, knows no abiding place or continuing city, but like the star of empire takes its way continually into new realms of thought, new realms of fact, new realms of philosophy; if medical science, like all God's universe, bears the ineffaceable impress and follows the inevitable destiny of progress, then it needs no prophetic vision in order to forecast the future of those who rightfully enter upon the practical duties of the medical profession. There is but one rule of action for all, and that is progression.

But in order to do this successfully you must give no place to *timidity*. What if the world frowns upon you? Would you barter your heritage for its fleeting smile? Do you fear to be true to truth and leave the consequences to God? If the world crucifies you to-day, so be it; you can rest in the calm assurance that it will canonize your bones to-morrow.

But that which will most hinder you in the path of progress will be *lack of individuality*. Across the path you fain would tread, you will find lying the lion of authority. It will shake its shaggy mane and utter its terrifying growl whenever you incline to get out of the "old path."

The medical tyro has as little chance for his life as a forlorn hope on the field of battle encircled by a ring of fire. Shot, shell and sabre do their speedy and effectual work until ruin is complete. So the student, under the combined assault of preceptor, professors and profession, loses all semblance of individuality and capitulates with all his possessions, or is hopelessly buried beneath the rubbish they have generously heaped upon him.

You enter to-day through the open door that leads into a new professional life. You desire success. Well, are you made of clay, and plaster, and putty? If so, the potters, and molders, and glaziers of the profession will get hold of you and form and fashion you into a most enviable respectability as the world goes. The world needs bold and independent originators, but all its present rewards are lavishly bestowed upon base imitators. You must "crook the pregnant hinges of your knees that thrift may follow fawning."

When you vow your allegiance to any medical school all you have to do is to place its text books, its college teachings, its rules of etiquette, its local and national associations, and the opinions of its leading members as so many manacles upon your limbs. The world may be very full of problems, but that need not trouble you, since their solution will be kindly furnished you. If you have perplexing questions about you, the answers to them will be placed in your mouths. Your ideas, opinions and creeds will be provided ready-made from the world's mental slop-shops.

Now, if it should happen that this course, so generally followed by your predecessors and contemporaries, should not please you; if perchance from the depths of your soul your personality cries out for recognition, I warn you to count the cost before you hoist the standard of rebellion against established modes of thought and action. You cannot have forgotten how Prometheus, because he stole celestial fire from the altar of the gods, was chained to the cold rocks of Mt. Caucasus and left for vultures ceaselessly to eat out his vitals.

Truth is quite proper and tolerable provided it conforms to ordinary usages, but it's a dangerous element when not under the tape string and seal of authority. Now then, if you seek to make true progress in your newly chosen sphere, it is altogether likely you will meet substantial difficulties in the direction I have indicated. Society as now constituted has no more than a quasi admiration for a character that asserts its independent personality. It will cost you something to be what you should be, and it remains for you to decide the course and character of your future career. I fear you will not all become eminent in your profession.

Some of you have reached to-day the high tide of your personal history. From this moment you will begin to recede; the ebbing current will sweep you out to mingle in the great ocean of humanity, and there will be nothing more to mark you among the children of men. If such be your fate do not repine. Your lot will be a happy one beside the distiny of one doomed to be a leader and a standard-bearer among the people. But if heaven has laid upon any of you the burden of the world's advancement, go to your task like heroic men. Follow the path of duty though it lead to dungeons and to death.

Follow duty when it leads you through the ever-glades of life,
Follow still tho' it should place you foremost foeman in the strife.
Duty done is mead and guerdon tho' the world bestow but frown.
Smiles of men are simply bubbles, duty done is true renown.

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DEPARTMENT OF SURGERY,

CLINICAL REPORT OF THE HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND.

BY GEO. M. OCKFORD, M. D.

Service of Prof. H. F. Biggar. *Malignant Stricture of Œsophagus. Death. History:*—Geo. B——, German, aged 58; butcher; lives in Cleveland; family record good; clinic; has been a high liver, especially fond of and addicted to the use of hot coffee; in former years was quite intemperate. In April, 1870, first noticed a difficulty in swallowing, attended with pains in region of stomach of a drawing character, which were reflected from stomach along track of the œsophagus to the mouth, the pain preceding the dysphagia about a month. The trouble increased steadily. At first only large boluses of food caused uneasiness, fluids and food properly masticated being easily swallowed. This condition lasted till fall of 1871, when he was attacked at times with a sensation "as if stomach was doubled over." On swallowing fluids, sensation of a lump impeded its descent, causing pain. The fluid would appear to trickle into stomach from œsophagus, and when it reached the stomach all pain would cease. Swallowing of solids was extremely difficult. The appearance of patient indicated a cancerous diathesis, the face having a leathery appearance, and his breath being of a peculiar foul odor. Thirty-six hours ago ate four grapes, which lodged in the lower part of the œsophagus, causing intense suffering. Ate nothing save the grapes for three days. Remarks:—We have in this clinic a stricture of the œsophagus from a malignant tumor located a short distance from the cardiac end. Syme says the œsophagus is subject to three different kinds of stricture: one depending on inordinate contraction of the muscular fibres; a second consisting in a simple constriction and thickening of the mucous membrane; and a third caused by degeneration of the coats of the tube, which becoming the seat of the tumor, render the canal narrow and tortuous.

The first kind is met with in young persons of a nervous temperament. The seat of the second or simple organic stricture, occurs chiefly at the beginning of the œsophagus, opposite the cricoid cartilage, and for the most part in the aged. It is characterized by a diminution in the size of the tube constricted as if by a thread. The third kind depends on a morbid degeneration of the coats, producing a tumor, which may be malignant or carcinomatous, and is chiefly met with in the aged, and if not located opposite the cricoid cartilage will be found near the cardiac end.

These two last kinds are induced by irritants, as hot drinks, stimulants, excessive use of tobacco, and injuries received from foreign substances. It is very seldom that the patient can refer to the origin.

The symptoms are slow in manifesting themselves. Swallowing of large morsels is difficult and painful, and as the stricture diminishes the size of the œsophagus the pain increases and only small particles of food can pass into the stomach. The suffering causes the countenance to have an anxious look. Emaciation follows, the voice sounds as if a foreign substance was lodged in the throat.

This clinic has all of these symptoms, and from these we base our diagnosis. The use of the bougie would confirm any doubt, should any exist.

Prof. Biggar remarked that within the last five months this was the fourth stricture of the œsophagus for which he had been called upon for advice, one of which was malignant, and situated at the cardiac end of the œsophagus. It encroached upon the descending æorta, destroyed its coats, and the patient bled to death, a post-mortem confirming the diagnosis. This person used stimulants freely; brandy was the favorite beverage. He was also an excessive smoker, and a few years previous had syphilis. For months before death he had been compelled to take large doses of morphia to alleviate his sufferings.

His dissipation had caused a diseased liver similating hob-nail, with enlargement of the spleen.

The two others were of the second variety. A gentleman, while eating breakfast at an hotel, had a bolus of meat lodged in the lower end of œsophagus, which was shoved into the stomach by a bougie, giving relief. The gentleman remarked to Prof. Biggar, that this had been troubling him for three or four years, and occasionally boluses were lodged in the œsophagus, which were with difficulty removed. The gentleman left the city that day, with the advice to resort to the use of bougies.

A woman, about sixty years of age, had a similar difficulty to the gentleman of whom Prof. Biggar had just related. The use of a bougie gave temporary relief.

Treatment:—For the first kind give internal treatment, which in the majority of cases will yield. If not, pass different sizes of bougies.

For the second kind pass bougies until absorption is produced, and medicate internally or locally. When the bougies are used, great care must be exercised that no injury is done to the œsophagus by puncture or otherwise. It is well to begin with a small bougie and increase the size. They must not remain too long or effusion would follow, which would make the opening still less; pass them cautiously, and when passed withdraw immediately.

For the last kind, death alone will relieve.

A medium sized bougie was inserted into the œsophagus of the clinic, and the stricture found to be located as diagnosed. The bougie produced vomiting from which he was relieved of four grapes. The pain caused from the lodgement of the grapes passed off with the vomiting.

At the next clinic, Prof. Biggar said that in the afternoon of same day in which Mr. B. presented himself before the class, he called at his office complaining of great distress in the same place as before. For dinner he drank milk, and the coagulation of the same had lodged at the stricture. The bougie was again introduced, vomiting followed, and the mass ejected. After this the bougie was carefully passed into the stomach and quickly withdrawn. He asked for a drink and drank a goblet of water with a relish, saying that for three years he had never been able to drink so much at once.

Mr. B. was not aware of his condition, nor could he be persuaded of the dangerous character of the disease, but was determined to visit the western part of this state on business matters, which would probably detain him three or four weeks. A few powders of Ars. 200 were given him, with directions to take a powder every other night.

He returned home Dec. 26th, and died, from emaciation, Dec. 29th. Ten hours after death, Prof. Biggar held a post mortem examination, assisted by Messrs. Davis, Eddy, Lucas, Hamilton, and Phillips. The examination confirmed the diagnosis. At the cardiac end of œsophagus was found an ulcerative scirrhus tumor involving the entire circumference. So small was the stricture that only a number two bougie could be passed.

SURGICAL NOTES.

To Rid Rooms of Flies.—Addinell Hewson says weeds or plants emitting an empyreumatic odor will answer well the purpose. Scatter about the room branches of the wild chamomile. Another means is to throw some powdered black pepper on a hot shovel and carry it about the room.

Hydrocele Radically Cured by Electricity.—The manner of using electricity in the cure of hydrocele is as follows: With a strong current place the positive sponge to the back and the negative to the scrotum. The negative current being conducted to the fluid within the tunica vaginalis by means of two or three gold needles. Let the current be kept up until the scrotum swells and the contents become doughy. This will take from fifteen to twenty minutes, depending upon the size of the tumor. It is very simple and very effectual.

Loose Bodies in Joints.—In many cases loose bodies in joints are fragments of articular cartilage which have been separated by a slow process of exfoliation from injury or rheumatism. These are successfully removed by subcutaneous incisions.

Reductions of Dislocations, as treated by Gunn.—In all dislocations, place the limb in just the position which characterized it at the moment of escape, and the reduction will then be easily reduced.

In the luxation upon the dorsum ilii, the patient lying on his back, carry the limb across its fellow at a point corresponding with the union of the middle with the upper part of the thigh, rotate inwards, and the pelvis being fixed by an assistant, the head may now be readily drawn into its place.

In the dislocation into the obturator foramen, when extension is being made in the usual way at the upper part of the thigh, the limb should be abducted instead of adducted, as universally directed. Abduction conforms to the general rule laid down above, and relaxes the upper and untorn portion of the ligament.

In the forward dislocation upon the pubis, while extension and counter-extension is being made in the usual manner, the limb should be rotated externally; this relaxes the posterior and untorn portion of the ligament.

In the backward luxation into the sciatic notch, the limb should be carried across the opposite groin, and rotated internally, previous to any being made.

In the luxation of the humeral head into the axilla, the arm should be drawn upward by the side of the head.

In the forward dislocation upon the thorax, the arm should be rotated externally before extension is attempted.

In the luxation backwards upon the dorsum scapulæ, the arm should be rotated internally before extension is commenced.

Radical Cure for a Reducible Hernia—Syme's Method.—Instead of a complicated machine for distending the invaginated integument, as in Wutzer's instrument, Syme says, "I employed a piece of bougie or gutta-percha, to one end of which was attached a strong double thread. The plug thus prepared and smeared with cantharides ointment, was drawn into its place by the threads, which, by means of a curved needle, guided on the finger fairly within the ring, were passed, at the distance of rather more than an inch from each other, through all the textures to the surface, where they were tied firmly together, on a piece of bougie, to prevent undue pressure on the skin. The advantages of this proceedure are, 1, that it may be executed by means which are in the possession of every surgeon, instead of the complicated, expensive and not easily manageable apparatus hitherto deemed indispensable. 2, that it may be accomplished with much more certainty through the secure guidance of a finger, than by trusting to a piece of wood for gaining admission within the tendinous ring. 3, that the two threads, co-operating in their effect, render the chance of adhesion between the textures much greater than when it is attempted by the mere puncture of a needle."

A Modified Operation for Varicocele.—Dr. Dubrueil proposes a modification of Vidal's operation of twisting the veins by means of silver wires in varicocele, by which he thinks that clots are formed, and danger of phlebetis avoided. Instead of using two silver wires, as Vidal directs, he uses one of silver of considerable strength, and another much thinner, of platinum. These being passed so as to enclose the veins, he makes the usual twist; then he places the two ends of the platinum wire in the clamps of Grène's pile as near as possible to the integument, and the wire being heated, cauterizes the veins. Then he fixes the ends of the wires in the usual way. In this operation the pain is not greater than in the ordinary operation. At the end of eight days the wire was withdrawn, and the cure effected in three weeks.

Multiple Lymphoma Successfully Treated by Arsenic.—Billroth reports a case of a woman, aged 40, whose glands of the neck, on both sides, formed tumors the size of the fist; those of the axilla and groins were as large as apples, and those of the elbow were as large as an egg. The glands of the mesentery appeared enlarged. The examination of the blood showed that there was leucocythæmia present. Fowler's solution of arsenic were given in doses of two and a half drops gradually increased to ten drops, three times daily. Fourteen days after the commencement of this treatment a diminution in the size of all the tumors was noticed, and when, two months later, the patient was discharged, a gland the size of a hazel-nut only could be felt in the neck, and the glands in other parts of the body were reduced to a minimum. If Billroth had given a high potency of arsenicum the cure would have been complete.

OBSERVATIONS.

BY S. R. KIRBY, M. D., NEW YORK.

THE genuine good temper should be cultivated. In some it seems innate. Mirthfulness is really a christian grace, and it would be well for people to know it, for it is blessed to be happy. It is good to laugh, and it should be a thorough laugh.

There is a class of people whose education begins in pride, continues in authority, which begets predjudice and arrogance, dictating to all and overwhelming those who dare to disagree with them.

Anatomy, phrenology and physiology demonstrate that certain organs in the human body which, if not properly understood and early governed, will certainly lead to unhappiness. I have seen cases of disease, having for its base and growth, the magnetisms of certain teachings, which, while they pamper pride appeal directly to the sexual organs, destroy the wholesome action of the blood and brain, and leave the whole body a prey to pernicious influences,

The mind, impregnated by false teachings, never gives birth to a natural thought.

A man should have nothing to do but to live at peace with himself, and keep out of the reach of antagonisms which do no good. He may not well afford to bring strength or power to others while there is no desire nor effort on their part to receive it. There is a great deal of curious authority in the world drawn to each man and mind from the special magnetism which the individual attracts and gives out. One man reads his favorite author, and another man reads the same, and they will gain authority from some theory given, to create in them a direct opposition, and will see just as unlike as it is possible for them to do. Any man or woman reading thus for controversy, and to establish theories, seldom if ever gets the magnetism of the author. Nothing profitable comes of reading in a spirit of controversy. The law is this: an author of any theory of truth becomes a central reservoir, and is able to give out from that point, that which he attracts persons and minds to, but if he fails to establish such attraction, he fails as an author. In all the ocean of medical writing how little is found in it that helps one to-day; and the reason why it fails to meet the demand of the age, is from the fact that in all things love must be the magnet, and everything pertaining to it is left out. It does not give the spiritual nor affectional a place in all their volumes. There comes out a kind of overpowering authority, which makes the reader feel his littleness and he opens himself to this miserable authority and lives in it, and weakens the power of his soul by filling it with vague uncertainty. That reverence which the world has for writers is absurd; for there can be made only a few selections here and there which amount to anything worth preserving. Most of those who write books, rob others of their ideas, and draw to themselves a reputation which has a very short run. How many books have we worth thorough study? Take the Bible, Shakespeare, Scott, Burns, Shelly and Schiller, and how much can be sifted out of the rest that strikes one as original pure inspiration. So in the world of medicine, take out Hahnemann's starting point and what else have we? As for Esculapius, Hippocrates and others of their day, they would not be fit for horse doctors to an improved stock. Newton and Galileo, who started off their thoughts, even school boys of to-day know more than they did. If I follow inspiration into the church, what do I see? I see commentaries on the Bible, and the old Church of England with its ritual and cannons, but no progress. Bishop Colenso with his inspiration dares not lift his head. Why? Because the Church says: "he is an infidel," and in medicine if I do not bleed, blister and purge, I am an "infidel" to the profession.

CYANURET OF MERCURY.*

BY C. S. VERDI, M. D.

III. CLINICAL OBSERVATION.

Professor Christison mentions a case of Doctor Thibert's, in which ten grains of Merc. cyan. produced almost instant death.

This patient was first taken with great irritation of the stomach, inflammation of the bucal cavity, partial suppression of urine, which was charged with albumen.

IV. CLINICAL OBSERVATION.

Doctor Tonderink relates a case as follows:—A mechanic who was complaining of great tension in the stomach, with vomit and cramps, extending to the hepatic region, the liver at the time being hypertrophied. They gave him hydrocianic acid, which in a short time produced salivation, with a mercurial odor of the breath and softening of the gums. The patient became so seriously sick that they had to resort to the usual antidote; in the ejected fluid they found some traces of mercury.

The same author tells us, that at one time wishing to put an end to his dog's life, which had been sick for some time with the following symptoms: The animal had become much emaciated, was tottering on his legs with subsultus; eyes fixed, and could neither eat or drink. The dog remained in this condition for a few days, with distended legs kept drawn up in a corner. The doctor gave him ʒiss of Merc. cyan. thinking to obtain his desire, viz: to kill the brute as soon as possible. A few minutes after the drug was put in his mouth the dog became nauseated and vomited a white yellow mucous, with a strong smell of prussic acid; the animal gave a little hope, for the struggle was so great that the doctor thought in a few minutes all would be over; but to his astonishment, the animal commenced to breath easy, and the heart's pulsations became fuller and quicker. In about a quarter of an hour the animal got up from a seating posture in a sort of trembling way, vomited again, and in the meantime a profuse perspiration became visible; the pulse became stronger and his appearance was that of a decided improvement. In a few days the animal recovered entirely.

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* Translated from the Revista Om. Continued from Jan. No.

(To be Continued.)

CORRESPONDENCE.

23 UNIVERSITY PLACE, CHICAGO, NOV. 23, 1871.

PROF. WILSON—DEAR DOCTOR:—You have probably seen a circular issued by our committee asking the Homœopathic Profession at large to assist us in collecting a library of reference, to be located conveniently, for all those who lost theirs in the late fire. Thirty-one lost offices and contents; fifteen, houses, offices and all. You know how much they need this till they can supply the place of the one lost. Please send what you can spare, and influence your friends to do likewise, and greatly oblige the sufferers, and also

Yours fraternally, S. P. COLE.

"PLEASE answer in your JOURNAL if it would be contrary to the Code of Ethics for me to have articles written, or write them myself, for the country papers enlightening and instructing the people in regard to the history and present standing of homœopathy, its respectability and success, its societies, hospitals, colleges, &c., &c., both at home and abroad?—P. G. V." The Code of Ethics does not prohibit such steps being taken. In some communities such labor would be superfluous, in others very desirable. If such an effort did not savor too much of personal aggrandizement it would have a beneficial effect. If more of this sort of energy were displayed by our pioneer practitioners homœopathy would sooner take a strong hold on the minds of the people.

CURIOSITIES OF ANCIENT MEDICINE.

BY H. RING, M. D.

Remedy for Consumption.—From an old book entitled *The Pathway to Health*, by Peter Levens, Master of Arts in Oxford, and Student in Physick and Chirurgery. London, 1664. "Take a brasse pot, and fill it with water, and set it on the fire, and put a great earthen pot within that pot, and then put in these parcels following: Take a cock and pull him alive, then flea off his skin, then beat him in pieces; take dates a pound, and slit out the stones, and lay a layer of them in the bottom of the pot, and then lay a piece of the cock, and upon that some more of the dates, and take succory, endive, and parsley roots, and so every layer one upon another, and put in fine gold and some pearl, and cover the pot as close as may bee with coarse dow, and so let it distill a good while, and so reserve it for your use till such time as you have need thereof."

Cure for Ague.—(From "Notes and Queries.") "A few years since, a lady in the South of Ireland, was celebrated far and near amongst her poorer neighbors, for the cure of this disorder. Her universal remedy was a large house-spider alive, and enveloped in treacle or preserved. Of course the parties were carefully kept in ignorance of what the wonderful remedy was."

Cure for St. Anthony's Fire.—"In parts of the County Carlow, the blood drawn from a black cat's ear, and rubbed upon the affected part, is esteemed a certain cure for St. Anthony's fire."

Mice as a Medicine.—"An old woman lately recommended an occasional roast mouse as a certain cure for a little boy who wetted his bed at night. Her own son, she said, had got over this weakness by eating three roast mice. I am told that the faculty employ this remedy, and that it has been prescribed in the Oxford Infirmary."

EYE AND EAR DEPARTMENT.

We are indebted to F. W. Abbott, M. D., for the following extracts from a translation of a recent article by Helmholtz, on recent advances in the theory of vision. The article appears in the late numbers of the *Buffalo Medical and Surgical Journal.*

THE EYE CONSIDERED AS AN OPTICAL INSTRUMENT.

Among all the senses, vision has always been considered the most precious gift, and the most marvelous product of nature. Sung by poets, celebrated by orators, the eye has been praised by philosophers as showing the limits of what organic nature is capable of producing, and physicists have striven to imitate the organ which they considered the ideal of optical instruments. The enthusiastic admiration of which this organ has always been the object is easily appreciated, when we think of the services which it renders us.

The eye reaches to the limits of space; with a marvellous rapidity, the most variously colored images paint upon it a thousand changing pictures, and the representations which it furnishes form a spectacle of which we can never become weary. It is by the eye alone that we become acquainted with the depths of space, and the innumerable and luminous worlds by which it is peopled; it is the eye alone which enables us to admire terrestrial landscapes, with their harmonious changes of light and shade, the plants so varied in form and color, the animals with their movements so full of grace and power. Next to the loss of life, the loss of sight appears to us the most terrible of all.

The precision and certainty which vision enables us to appreciate the position, the distance, and the size of the objects which surround us, are of much greater importance than the æsthetic joys for which we are indebted to the eye. In truth, the appreciations furnished by the vision guide man in all his movements; they are as indispensable to the seamstress whose fine needle finds its way through the midst of the most complicated labarynth of threads, as to the chamois hunter, whose life depends upon the just estimation of the chasm across which he must leap. On the other hand, the success of our movements, which are founded essentially upon the notions which vision gives us of the external world, serves as a perpetual test of the accuracy of these notions. If vision deceived us as to the position and distance of objects, we could not fail to perceive it immediately, because we should put our hand or foot upon the places where we thought we saw the objects which we wished to touch. This continual verification of the exactness of the teachings of vision, which is made by our movements, is what leads us to so full and entire confidence in the testimony of this sense, a confidence which no objection proposed by philosophy or psychology will be able to disturb in the slightest degree. Since this is so, is it astonishing that the eye has been considered as an optical instrument with which none of those which man constructs can vie in perfection? Is it not natural that we should have thought that we could explain, by the precision and the complication of its structure, the exactness and the variety of the functions with which it is endowed?

However, the exact study of ocular optics, such study as has been made the past ten years, has disclosed a remarkable deception in regard to the optical faculties of the eye; a deception which the criticism of facts has inflicted on more than one inconsiderate enthusiast. But here, as in other analagous cases, it appears to me that a more complete understanding of the facts, instead of destroying enthusiasm, only increases it by justifying it. In truth the eminent services which this little organ renders cannot be contested; and if, in a certain sense we are obliged to abate our admiration, we find at once a sufficient compensation in other and unexpected marvels.

Be that as it may, we can imitate none of nature's works; if human art produces optical instruments attaining, as such, a higher degree of perfection than the eye, the instrument which nature has here fashioned is not less marvellous than any other of her works.

Considered as an optical instrument the eye is a camera obscura. Every one is acquainted with this apparatus, which photographists use in taking portraits or landscapes. A box, blackened inside, has, in front, certain lenses which refract the light and re-unite it in such a manner as to form, at the posterior part of the box a picture of the objects situated before the instrument. At first, when he adjusts the focus, the artist receives the image on a ground glass. Upon this screen the image appears inverted; it presents a natural coloring and its contours are of an elegance and sharpness which defy the imitation of the most skilful artist. Then he replaces the ground glass with a prepared plate, upon which light produces certain chemical changes; stronger at the most illuminated points, weaker at the shaded points. These changes produce the daguerrean or photographic image.

The natural camera obscura of our eye is likewise blackened internally. The cuboidal box of wood is replaced by a rounded shell, the *sclerotic.* This tough, white membrane, a part of which is visible in the living, constitutes the white of the eye. The inner surface of the sclerotic is covered by the *choroid*, a thin membrane formed almost entirely of red, enterlacing blood vessels and covered with black pigment. The empty space of the camera obscura of the photographist is filled in the eye with a transparent mass clear as water. At the anterior part of the eye, in place of the glass lenses of the camera obscura, the *cornea*, formed of a transparent cartilaginous substance and presenting a spherical convexity, is inserted into the sclerotic. Its position and curvature are unalterable, because it forms part of the external envelope of the eye. The photographists' lenses are not fixed; they are mounted in a sliding tube which the operator moves by means of a rack and pinion, so as to obtain clear images on the ground glass, whatever may be the distance of the object which he wishes to reproduce. The lenses must be moved farther from the ground glass, in proportion as the object to be represented is nearer to the apparatus. As it is necessary that the eye should receive upon its posterior surface clear images of objects at different distances, this organ must likewise contain a moveable part. This role is played by the *crystalline lens* which, situated a little back from the cornea, is almost entirely covered by the colored iris. Behind the circular aperture of the iris, which is called the *pupil*, the lens is uncovered, and the border of the pupil rests upon its anterior surface. Nevertheless, on account of its extreme transparency, the lens is not visible under ordinary conditions of illumination; we perceive habitually only the black fundus of the eye. The crystaline is a soft elastic body, very transparent, and convex upon both surfaces. At its circumference it is supported by a ligament, fluted like a lady's collar the *Zonule of Zinn*, whose tension may be diminished by the *ciliary muscle*, a circular muscle whose insertion is fixed near the cornea. When the ciliary muscle contracts, the traction exerted upon the periphery of the lens being lessened, this lens can return upon itself by reason of its own elasticity, and the convexity of its surfaces increases. There results from this an increase of refracting power, and the eye becomes capable of tracing upon its posterior surface the image of nearer objects.

The normal eye in a state of repose sees distinctly distant objects; the tension of the ciliary muscle accommodates it for near objects. The mechanism of the accommodation, which I have just sketched, has been since the time of Kepler one of the greatest enigmas of opthalmology; the question was at the same time of great practical importance on account of the numerous pathological imperfections of accommodation. There exists no other question in optics upon which so many contradictory theories have been built. The first step towards its solution is due to the English oculist Sanson, in whom we must recognize the merit of remarkable keenness of observation, on account of the discovery which he made, in the pupil, of feeble luminous reflections formed by the two surfaces of the lens. This phenomenon, insignificant in appearance, and scarcely perceptible, was only visible in a dark place, with a bright light at one side, and with the observer standing in a particular place. These little images of Sanson were destined to shed great light upon an obscure part of science. They are in truth the first sign by which the presence of the lens in a living eye could be recognized. Sanson immediately employed these reflections in order to determine objectively whether the lens were in place in the diseased eye. Max Langenbeck first noticed the changes which these reflections undergo during accommodation. This discovery was utilized simultaneously by Cramer, of Utrecht, and by the author, to determine exactly all the changes of thelens during accommodation. There is an instrument, called a heliometer, which astronomers employ to measure the small distances between the stars, in spite of the mobility of the heavens. I applied the principle of this heliometer to the measurement of the eye in motion. The opthalmometer, constructed for this purpose, serves to measure, on the living eye, the curvature of the cornea, the curvature of the two surfaces of the lens, and the distance between these two surfaces, &c., with more exactness than we have been able to do it up to the present time, upon the dead eye, which permit us to measure the changes which the optical apparatus undergoes during accommodation.

From that time the question was settled from a physiological point of view. To these researches were added those of oculists, especially Donders, upon the individual defects of accommodation, which had been called in general *myopia* and *presbyopia*. It was necessary to institute methods of determining with precision the power of accommodation of the least experienced and most ignorant patients. He discovered that under the names of *myopia* and *presbyopia* very different conditions had been confounded and this had rendered the choice of spectacles very uncertain. Certain very obstinate diseases, which had been considered nervous affections for lack of knowing how to account for them, were very easily explained by the existence of certain defects in the apparatus of accommodation, and yielded rapidly to the employment of suitable glasses. Donders has shown also that strabismus is usually the consequence of defects of accommodation, while Von Graefe had already demonstrated that myopia, neglected and becoming progressive, might cause distensions and hurtful deformities of the fundus oculi.

Thus science, by unexpectedly linking together the chain of causes and effects, has produced results as useful for the diseased, as interesting for physiologists.

It remains for us to speak of the screen which receives the optical image which is formed in the eye; this is the retina, the thin, membraneous continuation of the optic nerve, which forms the innermost layer of the membranes which line the ocular globe. The optic nerve is a cylindrical bundle, formed of very fine nerve fibres, held together and protected by a very tough tendinous sheath. It penetrates the eye ball at its posterior part and a little to the nasal side. From this point of entrance the fibres of the optic nerve expand, radiating to all parts of the anterior surface of the retina. The extremities of these fibres have a singular formation; there are at first cells and nuclei analagous to those which are found in the gray matter of the brain; then, at the posterior surface of the retina, and forming the extremly of the nervous conduit, is a regular mosaic composed of fine cylindrical *rods*, and larger, flask-shaped formations, which are called *cones*. All these elements are crowded one against another and situated perpendicularly to the surface of the retina; the rods communicate with the smallest nerve fibres, the cones with the larger ones. Positive experiments show that this mosaic of rods and cones is that layer of the retina in which luminous sensibility resides, that is to say, this layer of the retina is the only one where the action of light can produce a nervous excitation.

The retina presents a remarkable spot, situated a little to its temporal side, and not exactly in the middle, as one might suppose. This place, by reason of its color, is called the *yellow spot (macula lutea);* the retina presents here a slight increase in thickness. A little depression *(fovea centralis)* occupies the centre of this spot; the membrane is very thin at this point because its composition is reduced to the elements indispensable to exact vision. The cones which constitute the regular and close mosaic, with which the little depression is lined are here finer (1-100 of a millimetre in diameter) than in the other parts. The other, and more or less imperfectly transparent retinal elements, are here wanting, except the nuclei belonging to the cones, and the fibres necessary for the union of the cones with the rest of the nervous apparatus. The retinal vessels do not penetrate the *fovea centralis;* their terminations surround this dimple with a crown of very fine and delicate capillary loops.

The *fovea centralis* is of very great importance in vision, because this is the spot of the most exact perception of distances. It is here that the cones, the terminal sensitive elements, are pressed most closely together. We can assume that each one of them possesses its nerve fibre which, through the medium of the optic nerve, goes separately to the brain, there to give the impression which has been received, and that there the excitation of each one of these cones may occasion an isolated sensation.

The formation of optical images in a camera obscura rests upon the fact that all the rays which proceed from one luminous point and enter the apparatus undergo, in their passage through the lenses, such a refraction that they all unite again, at one single point. Every converging lens produces the same effect. Let us allow the rays of the sun to fall on a converging lens, and hold a sheet of white paper at a suitable distance behind it. There are then two things to be noticed; in the first place, and we usually forget to mention this, the lens casts a shadow as though it were an opaque body, rather than composed of transparent glass; in the second place, in the centre of this shadow is seen a dazzling spot, it is the image of the sun, On account of the refraction in the glass, the light which would have illuminated the whole surface, if we had not interposed the lens which casts upon it its shadow, is reunited at the shining spot which is occupied by the little image of the sun. Instead of this luminary, let us choose a luminous scource *without apprcciable dimensions*, such as the star Sirius; the light then unites in a *point* at the focus of the lens. At this place the paper is illuminated, so that the image of the star is given by an illuminated point of the paper. The light of a second fixed star, near the first, would concentrate to a second point of the paper; this point being illuminated would furnish therefore the image of the second star. If the light of this star is red, the point illuminated by this light would evidently appear red. If there are several stars in the neighborhood, each one would have its image on a different point of the paper, and each image would show the color of the corresponding star. Finally, if, in place of isolated luminous points like stars, we have a succession of shining points constituting a line or a luminous surface, to this object would still correspond a succession of luminous points upon the paper; here still, *all* the light coming from one single point is concentrated again in *one single point* of the paper, provided that this screen is at the proper distance. Each point of the paper is illuminated with the intensity and the color belonging to it, and receives none of the light emitted by the points of the object to which it does not correspond. Let us substitute for our screen a sensitive photographic plate; the prepared surface undergoes, throughout, changes from the effect of the light which reaches it. But, of the light which enters the instrument, each point of the sensitive surface receives *all* that and *none but* that which proceeds from the corresponding point of the object, and, consequently, is illuminated with an intensity proportional to that of the object. The value of the change produced upon the sensitive plate is, therefore, everywhere, in proportion to the chemical intensity of the light of the corresponding parts of the object.

Now it is precisely the same with the eye; only the glass lenses are replaced by the cornea; and the crystalline, the screen or sensitive plate, by the retina. When a distinct optical image is formed upon the retina, each cone of this membrane receives exclusively the light which proceeds from a superficial element that is very small compared to the field of vision; the nervous fibre of each cone is excited by the light from this corresponding element only, and does not feel any other, while the light of the other points of the field of vision excites other fibres.

It is in this way that the light of each point of the field of vision produces an isolated sensation, that the equal or different intensity of the various points of the field of vision may be distinguished and separated in the sensation, and that these different impressions may be perceived separately.

When the eye is compared with any optical instrument whatever, we are struck first of all with its great superiority in extent of field of vision. Each eye embraces from right to left nearly two right angles (160° from right to left and 120° up and down) and both together embrace more than two right angles in the horizontal sense. The field of vision of our artificial instruments is generally very small, smaller, indeed, in proportion to the increase in the magnifying power. But it should be remarked that we exact of the instrument a perfect accuracy of the image throughout its whole extent, while the retinal image needs greater distinctness only for the little space occupied by the yellow spot. The diameter of the *fovea* corresponds to about one degree in the field of vision, that is to the surface covered by the nail of the index finger when the arm is fully extended. In this small portion of the field of vision the perception is sufficiently exact to enable us to distinguish two points a minute apart, the sixtieth part of the size of the nail held as before stated. This distance corresponds to the breadth of a cone of the retina. All the other parts of the retinal image are seen with less distinctness and so much the more as we approach the limits of the retina. The image received by the eye is therefore comparable to a drawing whose centre is very finely finished while the rest is only roughly sketched. If we see distinctly at one time only a very small portion of that which surrounds us, as a compensation, an advantage which no optical instrument presents, the eye enables us to take in a very large expanse of space with sufficient clearness to prevent remarkable objects, and still less the changes which may occur in the field of vision, from escaping our notice. But if the objects are too small we cease to be able to distinguish them with the lateral parts of the retina. The sky lark which we hear singing "lost in the blue of space" (Goethe) is, in truth, lost for us so long as we do not succeed in bringing its image upon the *fovea;* but then we can perceive it.

FEMALES VS MALES.

THE census returns establish the fact that the female populatian of Great Britain is on the increase. Can it be, says the *Pall Mall Gazette*, that the vexed question respecting the position and prospects of women, is to be solved by the gradual exstinction of men?

Scribner's Monthly lately gave some curious facts from which it appears, that the female sex which we are accustomed to look upon as the feeble, actually has more vitality than the male.

Dr. Tho. Meehan tells us that in the case of pines and some other trees, in which the sexes are produced in seperate flowers, a strong vigorous branch will produce female flowers, while a sickly branch or a depauperate tree, can produce only male staminate flowers. And in the human race, the original vitality of the females so greatly predominates, that as is proved by extensive statistics collected all over Europe, that while two or three per cent. more boys are born than girls, yet during the first two years after birth, as in fact before birth, from six to twelve per cent. more boys die than girls, and that too while the treatment to which they are subjected is precisely the same. And *Scribner* somewhat wickedly suggests, that the various unhealthy devices in clothing, by which women have ingeniously shortened their lives are not so blameworthy after all, but are simply the unconscious effort of nature to restore the lost equilibruim of the sexes, simply the civilized way of doing what the Hindoo parents accomplish by the aid of crocodiles.—*Independent.*

REBREATHED AIR.

THE crowded, badly-ventilated school-room is often the place where, early in life, rebreathed air commences its deadly work. Not one school-room in a hundred in this country is a fit place in which to confine children six or eight hours of the day. The little ones are herded together in a promiscuous crowd; those of tender years and those more advanced, the feeble and the strong, the sickly and the well, are all subjected to the same hours of study, the same school discipline, and all breathe the same deleterious air. The hardy and the strong may be able to resist the influence of the poison; the weak and tender ones grow pale and haggard, and, struggling on through their school days, live perhaps to the age of puberty, and then drop into the consumptive's grave. Will parents never awake to the enormity of this evil?

Small, ill-ventilated sleeping-rooms, in which rebreathed air is ever present, are nurseries of consumption. These are not found alone in cities and large towns, or among the poor and lowly. Well-to-do farmers' daughters and sons in the country,—those who live among the mountains of the New England States, where God's pure air is wholly undefiled,—are often victims of consumption. How is this explained? Look into their bed-rooms; examine into their daily habits of life; and the cause is made plain. Old-fashioned fireplaces are boarded up; rubber window-strips and stoves have found their way into the most retired nooks and corners of the land; and the imprisoned mountain air in country dwellings is heated to a high point, and breathed over and over during the days and nights of the long winter months. It is certainly true that girls in the country take less excercise in the open air than those residing in cities. They appear to be more *afraid* of pure cold air than city girls. Consumption is not less rare among females in the country than in cities, in the present age. It was not so formerly. The declarations of grandmothers and old physicans go to show that, fifty years ago, consumption was hardly known in the rural districts. The winds whistled through the dwellings then, and the fire blazed and roared upon the hearth. Half the time, in the cold winters, "the backs of the inmates were freezing, while the front parts of the persons were roasting;" and yet there was less rheumatism than now, and no consumption.—*From Dr. Nichols' Fireside Science.*

SCIENTIFIC ABUSE.

It is indeed a matter of profound regret that gentlemen engaged in scientific research, cannot pursue their noble and most important labors, without stopping to indulge in the degrading vulgar business of personal abuse. Whilst we ought not perhaps to expect perfection of character or temper among students and investigators, yet education and high mental culture ought to influence a man's nature and lead him to manifest at all times courtesy, generosity and kindly feelings toward his associates and co-laborers. But doctors quarrel and so do lawyers, and even clergymen; we wish it were otherwise among men of science, but alas, it is not. Jealousy, pride of opinion, arrogance, conceit, all these have their influence in engendering strife, and keeping up animosities which ought not to exist.—*Bos. Jour. Chem.*

EDITORIAL.

COMMENCEMENT EXERCISES of the Cleveland College took place in the main lecture room of the College Feb. 14, at 2 P. M. The room was literally packed to suffocation by the friends of the institution. Rev. T. K. Noble opened the exercises by prayer. Prof. J. D. Buck followed with the Annual Address, which will be found in the present number. Prof. H. F. Biggar, in behalf of the Faculty, presented the following named candidates for graduations:

Adams, A. J.. A. B.	Michigan.
Barbour, H. L. *	Ohio.
Bearby. M. J.	Ohio.
Berry, F. R. R.	Ontario.
Canfield, C. T., M. D.	Ohio,
Colton, Harry E.	New York.
Crowell, L. C.	New York.
Doy. W. C.	Michigan.
Eddy, Alfred	Ontario.
Eisenhauer, Jno.	Ohio.
Epps, Richard, M. D., Hon.,	England.
Gillard, Edwin	Ohio.
Goucher, E. Townsend	Ohio.
Graves, S. G.	Ohio
Hanson, J. W.	Ohio.
Hill, S. J.	New York.
Hollett, Mattie	Indiana.
Jones, G. J.	Ohio.
Jones, S. U.	New York.
Mills, C. A.	Ohio.
Mills, M. H.	Ohio.
McMahon, W. J., M. D. (*ad eun.*)	O.
Neville, A. J. S.	Ohio.
Neville. Henry, M. A.	Ohio.
Ockford, Geo. M.	New Jersey.
Parker, A. S.	Indiana.
Peck, N. D.	Vermont.
Pickard, A. J., M. A.	Florida.
Ramage, R. H. Y.	Pennsylvania.
Righter, G. W.	Kentucky.
Teegarden, Wm.	Ohio.
Terry, M. O.	Ohio.
Wells, H. C.	Ohio.
Wolcott, C. J.	Ohio.

The President, Prof. T. P. Wilson, after conferring the degree, delivered his Graduation Address. Prof. N. Schneider, Dean of the College, then distributed the following prizes:

CLINICAL PRIZES.

First prize, E. A. GILLARD; Second prize, S. E. CHAPMAN; Third prize, E. A. DAVIS; Fourth prize, C. W. SHEPARDSON.

ANATOMY PRIZE.

For best prepared Anatomical Specimen, D. F. PHILLIPS

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* Drs. Barbour's and McMahon's names were omitted by mistake from the published Catalogue.

PRELIMINARY EXAMINATION PRIZE.

L. L. LYON. [Omitted by mistake from the College Catalogue.]

Prof. M. B. Lukens then distributed the Baldwin prizes.

First prize, G. M. OCKFORD; Second prize, M. O. TERRY; Third prize, S. G. GRAVES.

Following the presentation of prizes, Prof. H. H. Baxter delivered the Valedictory. He said that it was not strange that the students should have some misgivings regarding their future, as they considered what path of knowledge or research they should follow. All were aiming for success. The question which occupied their attention was how they should attain it, and if it would afford those satisfactions which were anticipated. He cautioned them not to employ any unworthy means to acquire any result, saying that such would only stultify and debase their careers. If they endeavored to attain an extensive practice in a short time, they would be resorting to dishonest means by representing their knowledge to be greater than it really was, and they would be treading on slippery ground. By making false representations of their experience and ability they would be leaning on a reed easily broken, building their houses upon the sand. He exhorted them to build up their reputation by honesty and integrity, having for their foundation an honest education and a thoroug knowledge of materia medica. They should not go forth to practice with the idea that their study was over. They had only learned the rudiments of their education. Their diplomas were but certificates that they had become able to walk alone; to apply to practice what they had learned theoretically. They had spent the three years of their apprenticeship and they must go out to keep up with the advancements made in their profession. Medicine was not what it had been twenty years before. New principles were being continually introduced, new accessions constantly made. He advised the students to keep thoroughly posted in what was going on in the medical world about them. Physicians, the speaker said, had a twofold relation to sustain. To him were committed the lives and healths of dear friends and relatives; he was admitted into the innermost temples of families; the happiness and sanctity of households are entrusted to his keeping. He cautioned the students to see to it that they entered these abodes with clean hands and a pure heart; to corrupt none; to display the same gentleness and exercise the same skill with the poor as with the rich. Anything which the student or medical practitioner might acquire was not for his individual aggrandisement alone, but for the whole of suffering humanity. He touched upon the individual characters of physicians and the relations they sustain to the profession, saying that whatever in their private lives disgraced them, or in their practice dishonored their profession, injured the brotherhood. He spoke of the prevailing custom of quarreling between medical men, and exhorted the graduates to abstain from such disgraceful practices. He waited to draw the dark side of their career only to inspire them, if possible, to more diligent study, and to induce them to aspire to a higher success. The address was cordially received by the students.

The benediction was pronounced by Rev. T. K. Noble.

Altogether this proved the most interesting Commencement the College ever enjoyed. The distribution of the prizes, both numerous and costly, formed a pleasing feature in the exercises of the day.

IN THE EVENING, THE COMMENCEMENT EXERCISES OF THE HAHNEMANN SOCIETY, ETC., ETC.

The Commencement exercises of the Hahnemann Society were held Wednesday evening at Garrett's Hall. A large number of the friends of the society were assembled to witness the ceremony. At eight o'clock the President of the society, Prof. H. F. Biggar, called the class to order, and after prayer by the Rev. T. K. Noble, F. R. R. Berry, M. D., delivered the salutatory address. Mr. L. C. Crowell, Secretary, then made his report, which shows the society to be in a highly flourishing condition.

A. J. Pickard, M. D., delivered the valedictory address, which was an ably written production, full of sound advice to his class-mates, who had assembled together perhaps for the last time. For the zeal and attention that had been shown the class by the faculty, he expressed thanks. Want of space only prevents our printing the address in full.

Professor Biggar then proceeded to distribute the diplomas of the Society, after which he delivered a scholarly and classical address. No abstract would do it justice. A song was sung by the class, when the floor was cleared for dancing. The Cleveland Gray's band furnished the music for the occasion, and it was an enjoyable feature of the anniversary. May the brightest hopes of success indulged in by the graduates be realized in their journey through life. That they may go about doing good and proving a blessing to suffering humanity is the kindest wish of the friends they leave behind.

PROF. CONSTANTINE HERING protests. He is accused of doctoring by telegraph, and doing marvelous things by way of curing patients of obstinate diseases, by single doses. And somebody is using the Prof.'s name, to coin money and disgrace the medical profession.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL is to have a grand fair, commencing April 15. Dr. I. T. Talbot writes: "We are at work on our hospital, and intend to raise $250,000 for it before we stop. At least 10,000 people are interested," etc. etc. From documents accompanying the letter, we think success is sure to crown the labors of these indefatigable workers.

Dr. J. M. SCUDDER, the well known editor of the *Eclectic Medical Journal* Cincinnati, deserves great praise. True, he sees as through a glass, darkly, but then he does see the truth, and he talks it most effectively. His ideas of poly-pharmacy must be startling to his brethern. He indulges in the following:

"No effort seems to be made to determine the exact indications for any particular remedy, and no medicine is studied with reference to its direct opposition to morbid processes. Hence follows the *shot gun* method of prescribing, whereby the more common drugs are combined in platoons, and fired into the sick. To a lover of fun, (medical fun I mean,) there is no better reading than a druggist's prescription book, if the reader has his eyes open to its absurdity. Passing by the queer combinations of remedies, ten, twenty, thirty, fifty different ingredients, (combining compounds) we have all manner of incompatible mixtures--milky grumous, flaky deposits. etc,—all kinds of queer tastes, agreeing only in being nasty—all kinds of activities represented in the same bottle--stimulant, sedative, narcotic, tonic, emetic, cathartic, etc. But beyond this we find the doctor ignoring the law of medicinal incompatibles, and combining his remedies so that one neutralizes the other."

NEW YORK CITY is to have a grand Homœopathic Hospital Fair. Dr. Helmuth sends us sundry documents pertaining to the same. Everybody is invited to assist.

EDITOR OF THE OHIO MEDICAL AND SURGICAL REPORTER.—*Sir:*—At a regular meeting of the San Francisco County Medical Society of Homœopathic Practitioners, held February 13th, 1872, in the city of San Francisco, the following resolutions were, by vote, carried unanimously:

Resolved, That this Society extend to the American Institute of Homœopathy a cordial invitation to hold its session of 1873 in the city of San Francisco.

Resolved, That this Society will use every endeavor to secure the hearty co-operation of all the friends of Homœopathy on the Pacific coast, in order to make the visit of the members of the Institute as pleasant and profitable as possible.

S. PORTER, M. D., *Pres.*
W. N. GRISWOLD, *Rec. Sec.*

AMERICAN INSTITUTE OF HOMŒOPATHY,
OFFICE OF THE GENERAL SECRETARY,
PHILADELPHIA, March 20th, 1872.

T. P. WILSON, M. D.—*Dear Sir:*—The next meeting will be the 27th anniversary and the 25th session. It will be held in Lincoln Hall, Washington, D. C., commencing on Tuesday, May 21st, at 10 o'clock A. M., and continue four days. Reports and papers will be received from the various bureaus, representing all departments of the science and art of medicine and surgery, and from the Committee on a Homœopathic Dispensatory, Committee on a World's Homœopathic Congress in 1876, Committee on Legislation, and Committee on Homœopathic Literature, &c. The Institute will be officially received by the Governor of the D. C., and will pay its respects to the President in a body. A sail on the Potomac, and a visit to Mt. Vernon, will probably form a portion of the pleasures of the occasion. Physicians who wish further information, or blank application for membership, should address the General Secretary, Dr. R. J. McClatchy, 918 North Tenth Street, Philadelphia.

PERSONAL.—Dr. Wm. Tod Helmuth favored us with a poetical invitation to attend the anniversary of his advent into New York City. Sorry we could neither go nor reply in verse. Muse and money mutually minus.

Dr. Emil Tietze of Philadelphia has been appointed the American editor of the *Homœopathische Presse* of Leipzig.

Dr. Geo. A. Slack has removed to Monroeville, Ohio.

Dr. H. B. Cross has removed to Jamaica Plains, Mass.

Dr. W. C. Doy has located in Battle Creek, Mich.

Dr. Jno. C. Otis has removed to Poughkeepsie, N. Y.

Dr. H. W. Osborn was married in February to Miss Mary E. King. The Doctor will make Cleveland his home.

NOTICES OF NEW BOOKS, &c., &c.

INTERNATIONALE HOMŒOPATHISCHE PRESSE. This new journal edited by Dr. Clotar Muller, and published by Dr. William Schwabe of Leipzig, gives promise of great success. It is splendidly gotten up and ably edited. It will take front rank among European medical journals. We wish it all success.

PARTURITION WITHOUT PAIN. The title of this book will attract attention, and its contents will confirm the first impression that there is something in it. Both physician and patient will peruse it with interest and profit. It is published by Wood & Holbrook, of New York, and is for sale by L. H. Witte.

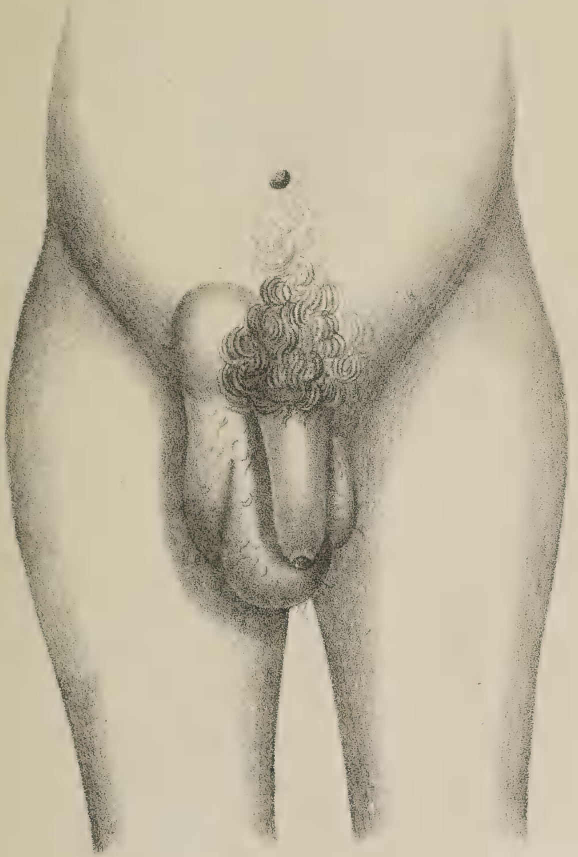
THE TWO GREAT BOOKS OF NATURE AND REVELATION, &C., &C. By George Field. S. R. Wells, Publisher, New York. Having received only the table of contents and a few specimen pages, we can hardly speak of the merits of the work. The subject is full of interest and in this case in able hands

ANNUAL RECORD OF HOMŒOPAAHIC LITERATURE 1871. We regret to notice a decrease in the size of this volume as compared with its predecessor, but the quality of the work is fully sustained. Prof. Rane and his co-laborers deserve our thanks, and the publishers our patronage for the efficient manner in which they collect, arrange and issue the best things of the year. Few of us can take all the journals, but none so poor they cannot possess this, the condensed record of their best things. For sale by L. H. Witte.

TRANSACTIONS N. Y. STATE HOMŒOPATHIC SOCIETY, VOL. 8, 1870. Through the kindness of Dr. H. M. Paine, the indefatigable Secretary, we are favored with a copy of these transactions, and count the book among the most valuable received the present year. The entire medical profession has reason to feel proud of this annual publication. It is beautifully printed and finely illustrated, besides it is full of most excellent and interesting matter.

TEXT BOOK OF PATHOLOGICAL HISTOLOGY. By Dr. Edward Rindfleisch. Lindsey & Blakiston, Publishers. This is from the second German edition translated and published with great care and fidelity. It may well be called a "text book" for it is without successful competition in the particular field it occupies. Until our researches have greatly advanced this department beyond its present standing, Rindfleisch must be our standard authority. Both as a book of reference and of study, this work will hold a foremost place in pathological science. To be "up with the times" our pathologists must make themselves familiar with the through, clear and almost exhaustive teachings of Prof. Rindfleisch. For sale by L. H. Witte.

AMERICAN JOURNALIST, Philadelphia, Coe, Wetherill & Co. Edwin T. Freedly Editor. Vol. I, No. II. This new candidate is a promissing one. We hope to see more of it.



OMENTAL HERNIA.

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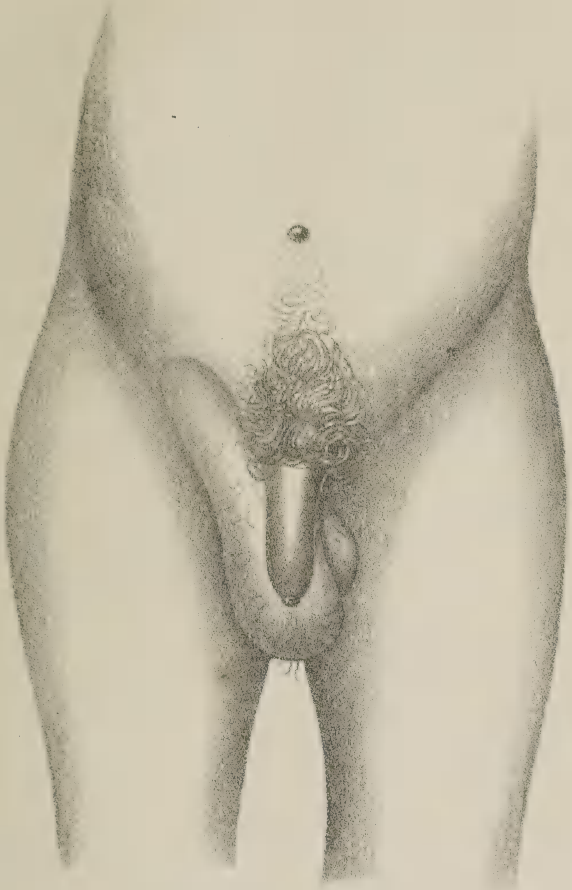

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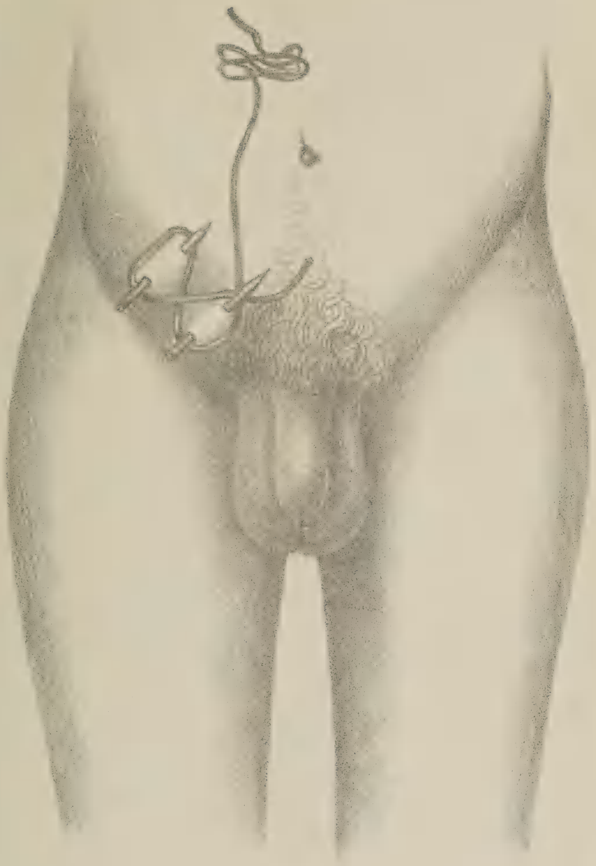

OPERATION FOR RADICAL CURE.

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THE OHIO
Medical & Surgical Reporter.

VOL. VI. MAY, 1872. No. 3

ACADEMY OF MEDICINE AND SURGERY, CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

ESSAY BY PROF. J. C. SANDERS.

QUESTION: *Is the Use of Anæsthesia Advisable in Labor?*

THE term labor is used in the question without any qualification or limitation, and therefore may be accepted in the ordinary import as the term is used by the profession and people.

Its common import is that of *naturalness*, that is, in accordance with the ordinary or common course of things.

We will therefore reconstruct the question and make it read "Is the use of anæsthetics advisable in natural labor?"

We unhesitatingly take the negative of the question.

1st. Their use defeats the great purpose of the suffering which the All-Wise appended to the process of child-bearing.

We know that labor, within the limitations given to the question before us, involves suffering, suffering keen and terrible from its beginning to its end. We know too that the most natural and first demand of our nature, when in suffering, is for relief or escape, and possible immunity. We wonder not that woman in her child-bearing distresses should lift an imploring voice and pleading hand for succor and lethean solace, nor that man, as her professional minister, should feel challenged to search broadly and deeply for means with which to soothe and comfort her, or even make her oblivious of her pangs.

It becomes us, however, as rational creatures, to inquire into the purposes of the suffering which the Divine Will has made inseparable from the process of child-bearing.

Not doubting the old Biblical record that sufferings of child-bearing were primarily a penalty, we fully believe they were made continuous upon the race for great and good designs. For without some kind, far-reaching and grand purpose, made inherent in the pangs of labor, God, good and merciful towards man, is austere and cruel towards woman, a proposition both monstrous and sacrilegious!

These designs admit of interpretation somewhat as follows:

1. A profounder and tenderer maternal love.

The law in political economy, that the real value of anything is measured by its cost, applies with equal truth to the realm of the affections. What costs but little is cheaply held; things gained by little sacrifice are counted common; and on the other hand, what taxes the body and puts burden on the thoughts, what to attain carries both body and mind to the altar of suffering, strikes the soul with the sense of value and preciousness. The maternal instinct which in childhood and youth grows with woman's growth, and strengthens with her strength, and which receives at puberty fresh and augmented impulse, and at first consciousness of embryonic life kindles into a rational motive force, in the baptismal suffering of delivery bursts into an undying flame, and burns evermore on the altar of her soul, the most intense and unquenchable of all earthly or heavenly loves. She loves her child the more fervently because she has suffered for it, and the more she has suffered the more she loves it, and the warmer and deeper this fountain in woman's soul, the more to her peace and contentment and joy of heart until death and in heaven, the more to the comfort happiness of her household, the virtue and purity of her offspring, and the fidelity and sacredness of her home.

Think you that the woman who, by anæsthetics, is put to sleep at the inception of her labor and wakes at its completion as from a pleasant dream, can love her child with the same intensity of consecration? Is not her relation to it that of adoption? Can her life ever be brought into the same nearness or feel the same precious bondship and unison of being? No, it is not in the nature of things that it can be so. She may intellectually recognize the scope and import of the maternal relation, may love her child as a duty, or as the product of her farther care of it and anxieties for it, but never with the same tenderness, the same soul to soul nearness and priceless preciousness. Who with much experience at the bedside of parturient women, has not often been affected as by no other scene in his life, by the pathos and tenderness of the mother's greeting of her new born child after the baptism of agony, and who with such an experience has not abundantly been convinced that herein is the secret of that mystic bondship between the mother and her offspring, which is the highest and purest and most enduring of all earthly loves?

As the strength, fervor and tenderness of maternal love are very accurately measured by the degree of suffering, which within a healthful range is incidental to the parturient process, so just in proportion as we lessen or abolish this suffering, do we enervate the best of human ties, and imperil the sacredness of home, which, with heaven, is all that is worth living or dying for.

There are worse things and evils greater far than the pangs of parturition! One of these is an enervated maternal love, the most sacred bond which binds woman's heart to home and home to woman's heart, especially in these latter days, wherein maternity is counted an evil, a babe a burden and the marriage-rite the pastime of a day. Is there not something more than the relation of mere coincidence between the modern use of anæsthesia and the loose and demoralized ideas and practices of modern society?

2. A more sympathetic and faithful conjugal love.

How natural is the outgoing of our heart and life in gratitude and love towards any one who suffers in our behalf. What man so dead to all that is generous and noble, who does not respond to such an appeal. God has made this instinct of our nature a minister to woman in the conjugal relation, and inposed on her child-bearing, distress and suffering, as her most potent appeal to his sympathy and fidelity. The pangs of labor are nature's challenge from wife to husband, addressing, as nothing else can, the sensibilities of his nature. The parturient chamber becomes thereby a temple, and the parturient couch a shrine of reconsecration. If there be any true manliness in him, here he in secret surely repeats his vows and renews his love; has his life been austere, here his austerity becomes rebuked; has his heart been severe and cold, here its severity and coldness melt into tenderness and fervor, and here forgotten pledges and long buried promises are remembered and renewed. In the crucible of her agony his estrangement and antagonism are fused into a sentiment of faith, duty and fidelity. Her suffering is the touch of the hand of the Infinite, moulding their natures into a closer, better and purer union. A wife can be made to experience worse things than the pangs of labor—a life-long companionship with severity and sternness, unkindness and uncharitableness, such as the battle of life develops in man's nature, when unsubdued and unsanctified through the suffering of an allied and loving soul.

The wife who dismisses her husband from her parturient chamber, or the husband who shrinks from presence there, or the physician who drowns her consciousness in the oblivion of anæsthesia, defeats one of the great designs, as I believe, of the suffering which God has attached to the parturient process.

3. Restraint to an excessive multiplicity of conception.

Had child-bearing continued painless after the fall, and been kept free from all suffering and danger, who can measure the evil to the world! Nothing but ever-continuous wars and pestilences could have saved the race from the calamities of excessive numbers, and the inhabitable earth from the perpetual anarchy and irrepressible conflict of the weak at the mercy of the strong.

"Never another" is the instinctive exclamation extorted from the maternal heart by the pangs of every child-bearing experience; and though time kindly softens the memory of her distresses, caution and care are ever more exercised as sentinels and safeguards against reimpregnation. Thus her health is saved from destructive repetitions of the parturient process, her mind from absolutely overwhelmning anxieties, and her household from the conflict and poverty, ignorance and neglect of redundant members, and society largely defended from pauperism and crime.

4. A conservator of the purity of home and the virtue of society.

There is a moral significance in pain; indeed pain gives to all law its dignity, force and restraining power. I believe the suffering which pertains to child-bearing, elevates and purifies the marital relation, makes it less gross and sensual, spiritualizes its loves, rebukes its baser passions, and over-reaching the conjugal relation, curbs licentiousness in society at large. Were it all taken away, the experience, the memory and the fear of it, by a universal anæsthesia in obstetricy, the family would lose a conservator of its purity, and society a safeguard of its virtue.

Again I support the negative of this question, because:

2. The use of Anæsthetics is unnecessary.

If we overstep the limits of our question proscribed in the begining of the discussion, and admit within it all the exceptional sufferings of labor as a pathological process, this second proposition must be modified, for in many of these exceptional cases, anæsthesia is not only a professional privilege, but a duty. Such exceptional cases are such as morbid severity of pain, unrest, incapable of control by other medicinal admissible forces, shoulder presentation with the uterine walls irritable and tonically contracted, and others, such as these which go to make up for a large part the schedule of unnatural labors.

No humane or astute medical man, would deny his patient all the possible comfort, or his own art, all the possible advantage of anæsthesia in any or all such cases. For its use here is a clear indisputable necessity. But a labor in all respects natural, has no need of anæsthesia, for the very evident reason, that it is not necessary, either to its completion, or its safety. Its use in such case, is the imposition of a drug influence on a purely physiological process, and which more or less always interferes with its vigor, and protracts its duration.

3. Anæsthesia in labor is dangerous.

Its dangers are three-fold.

1st. Its use disposes the uterus to hemorrhage I am satisfied perfectly, I am correct in this. I have used it a great deal, more formerly than recently, and I am sure my cases of post-partum hemorrhage were in far larger ratio with the use, than without the use of chloroform. Why not this result as a most natural effect ? A drug influence capable of benumbing and obliterating all voluntary motor-force, must be capable of effecting surely all involuntary motor-force; must thereby dispose the uterus, in common with the entire muscular sphere, to relaxation and atony, the proximate cause of all post-partum hemorrhages.

2. It covers up and hides from all possible detection the first monitions of danger. This is especially true in hemorrhage, and extreme shock. It does this, by taking away the consciousness of the woman, and thereby concealing the delicate expressions of this consciousness in variously defined abnormities of sensation and perception. The rapid pulse, or sighing, or yawning, nausea, or aberation of vision, either one of which oftentimes unerringly heralds incipient and grave blood-loss, is engulphed in the oblivion of the anæsthesia. We can only judge hemorrhage to be taking place by the grosser evidences of pulselessness, pallor, and a flooded bed.

And in case of grave shock, how judge, whether this depression so profound and imperiling, is temporary, and dependent on the sedation of the anæsthetic, or more permanent, and dependent on an alarming exhaustion of the great nerve centres.

I may add in this connection, that the retention of full consciousness, is indispensable in many cases to perfect safety in instrumental deliveries; especially is this true in the use of the forceps. In such cases the obstetrician often relies on the responsive consciousness of his patient, for the safe placing of a blade of forceps, or locking them when in place, or traction on them when safely locked, as for example, when first dislodging the head from its impaction or imprisonment, or when finally carrying it through the vulva.

3. It may kill outright.

The proposition that chloroform, the representative drug of anæsthesia, is capable of destroying life, is almost axiomatic. If it were not self-evident, the cautions with which its use is counseled, demonstrate its truth. If it is innocent of danger as is vaunted by its users, why the need of any restraint on its *ad libitum* use ? If it will destroy a man, when in the hands of a surgeon, why not a woman, in the hands of an obstitrician ? If it will kill, when only used temporarily for a tooth extraction, why not when used for hours in parturition ?

If it will destroy a patient, when the blood mass is otherwise free from deleterious influence, why not in labor, when the blood mass is surcharged with the excrementitious and accumulative debris, incident to nine months gestation, and the inevitable curtailed function of all the great eliminating organs, as the kidney, liver and lungs ?

4. Anæsthesia nullifies all homœopathic therapeutics.

What confidence have you, or any intelligent man, in the power or efficiency of any dynamized drug, administered in any one of the many sudden and exegent maladies, which at any time in its progress may assail the parturient process. What of the 300th, or 30th, or 3rd, or 1st centessimal or even decimal potency in convulsion or hemorrhage, or violent after-pains, or grave shock? Could you rationally expect any prompt or sure response from a woman thus drugged to insensibility and unconsciousness? It would be a wild and dreamy expectation, a false hope, which would cheat all who trusted it. Indeed, what symptoms, key-note, or total, indicative of any potentized drug, would not be drowned into indistinctness and utterly lost in the oblivious flood of insensibility and coma? Anæsthesia, therefore, not only nullifies the efficiency but all the nicer symptomatic indications of potentized medicine.

All there is in Homœopathy which distinguishes it from all other preceding and cotemporary systems of therapeutics,—all there is in it of scientific accuracy, certainty, promptness, gentleness and immunity from all the heroic and destructive medicinal resources, so far as its benign ministry concerns woman in her hours of greatest sorrow and peril, is, by the use of a næsthesia, sacrificed to the one idea of relief from the divinely decreed pangs of labor. It becomes a grave question to consider if the homœopathic profession can afford to surrender Homœopathy as a grand practical truth in one of the three great and most important departments of practical medicine. It becomes a serious question for us to consider, as a medical school, with what consistency and safety the doctrine of universal anæsthesia in obstetricy can be advocated from this rostrum to which the profession most rationally look for all that is pure, and the people for all that is sure in

Homœopathy. In behalf of the college and of the chair of obstetricy, and for both I have a right to plead, I protest against teachings so mischeivous, so inconsistent, so subvertive of Homœopathy, as the greatest, grandest practical truth in medicine.

DISCUSSION BY PROF. T. P. WILSON.*

YOU have just listened to a carefully prepared essay upon this subject, and the author, placing himself squarely upon the platform of opposition to the use of Chloroform, represents, I take it, the strongest phase of that opposition. He has not I believe urged all the objections, that have been from time to time urged against anæsthetics in labor, but he has doubtless selected those most easily maintained, and best likely to impress you with the corectness of his position. And it may be assumed, that he correctly represents no inconsiderable part, perhaps a majority of the medical profession. And this is not especially strange since it is hardly a quarter of a century since chloroform was introduced into obstetrical practice. All men are naturally conservative, and of all professions next to the theological, the members of the medical profession are most thoroughly opposed to change. Medicine assumes to be perfect. Change implies improvement, and improvement implies a precedent imperfection. Hence medical men do not readily adopt new things, lest the world might doubt their infalibility.

And in addition to this universal spirit of conservatism holding us back from advancing along the path of progress; we have had the assumed declaration of divine inspiration, forbidding us the right to accept and apply this novel improvement in medical art. The author of the essay we have just listened to, does not unequivocally declare that the Bible forbids the use of chloroform in labor, because it is written: "I will greatly multiply thy sorrow and thy conceptions; in sorrow shalt thou bring forth children." And it is well he did not as many others have done, attempt to fortify himself behind this or any other passage of scripture. It would have placed his whole line of argument beneath contempt. We cannot afford to practice medicine out of the Bible; we cannot learn the art of agriculture or navigation or railroading out of the Sacred Scriptures. The Bible is good for just what it was intended, but it makes a poor guide in the theory and art of medicine. Our essayist asserts, in the first place, that we cannot safely do away with the pain of labor, because that pain promotes the mother's love for her child. Without the agony of delivery, her heart must forever remain callous toward her offspring. The mothers love for the child transcends the love of the father, because she knows the painful price of its birth. Well now this is a very utilitarian view of the subject. I am glad some good comes out of so much suffering. But this is a very superficial view of woman's true character. It is strange that he cannot see that the exceeding love of the mother is but the natural outgrowth of her God-given nature, and has no more its origin in the pain she unfortunately endures than it has its origin in the color of her hair, or the shape of her nose. I advise the gentleman to turn his attention more closely to the study of psychology, and he will be better able to trace successfully to its true cause, this peculiar endowment of the mother. Certainly the father's love is not dependent upon such a contingency, as some of us very well know. And if Divine

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* The discrepancies apparent between the Essay and the Discussion are due to the fact that the Essay was re-written subsequent to its presentation. But it is to be hoped these will not seriously mar the papers.

Providence has had the ordering of this affair, it would seem more just and profitable, since the child is the joint offspring of the two, had it laid the burden of pain equally upon both. But if the mother's love is the product of her suffering, why may we not assert, that the pain the child causes after birth, is just as effective in that direction? If the child grows to more mature years, beats its parents with broom-sticks, and hurls upon them brick-bats, causing them great bodily suffering, can that be defended upon the same ground of utility?

The learned essayist probably is aware that cases do occur, in which labor even among American women is quite painless. Will he assert, that in such a case the mother is unusually deficient in love for her offspring? It would puzzle him to make good the assertion by the producing of such instances. And cases do sometimes occur, in which during labor the father has pains similar to and simultaneous with the pains of the mother. Must we believe that such a father has a stronger regard for the child that is thus delivered, than do we for our children not born through this duplex parturient process? How can it be otherwise, since pain is such a marvelous originator of love? This is quite too absurd for serious argument.

In the second place he claims that the pangs of parturition promote the love of the father toward the mother. Because she is in the terrible agony of childbearing, he is in the toils of cupid. And he would advise every father to stand by in the hour of delivery, and then renew his unfaltering love. But it never struck me as just the proper thing or time for a man to blubber over a woman when she is busily engaged in labor. When I see one in such a case loosing his manliness, and disposed to play the role of a calf, saying soft and silly things, that had better never be uttered, or only uttered in privacy, I feel very much like rudely ejecting such a man from the room. There can be very little value attached to the love of a man that needs an occasional refining in such a fiery furnace. Besides how did he come by his first love for the mother? Does genuine courtship depend upon headaches, tooth aches, colics, or other or any pain? Why this is a new philosophy of human love, and is as ridiculous as it is new. The gentleman in the third place, asserts the pain of parturition to be essential, in order to prevent multiplicity of conceptions. If labor might be accomplished without suffering, we should soon have the world overrun with human population. To compensate for this, we should have to suffer war and famine and pestilence, in order to keep down the population to a proper limit. This is an appalling view of social life; it has no respect to this new doctrine of "the survival of the fittest," it don't allow an even chance for life, for it ruthlessly chokes off the majority, in order to protect the welfare of the minority. Why I would rather see every possible child, that can be, or wants to be born take its place on God's earth, and then survive, or perish, just as we do. Fair play is a jewel, here as well as elsewhere. But will the gentleman tell us, how long, with this barrier removed, will it be before America would contain a ratio of population, equal to China or Japan? Might not the experiment be safely tried a few hundreds of generations? On other occasions than this the gentleman has loudy given utterance to the general complaint, that the American race was becoming extinct, that our better classes had become sterile, our refined and educated women, barren, and so we should soon have no true American race. But let me suggest, that before we wholly give up our fair heritage of country to foreign emigrants, we might try the virtue of rendering labor painless by the use of chloroform. If this would induce American women to have more children, then for humanity's sake let the thing be done at once.

The fourth argument of the essay is, that this pain incident to child-bearing, is an important safe-guard to virtue. I don't know as I comprehend the gentleman's idea of virtue. I supposed virtue was spontaneous; that it originated in an untramelled free will. But here it seems to be the product of fear, and as such, is the fitting companion of a love that is born of pain. But, if the gentleman means public morals, then we cannot object. The same plea can be urged in favor of the gallows, the guilotine, the whipping-post, the pillory, and the use of tar and feathers by the hand of Judge Lynch. This is all too obvious to admit of denial, but that does not prove that any of them are allowable in the present state of our civilization. No, believe me, society is not so bad as that, and in woman's name, I spurn the imputation cast upon the quality and price of her chastity. I don't believe that but for pain, our fair maids and noble matrons, would become a race of harlots. This statement like one other already alluded to is based upon a palpable ignorance of woman's true nature. Again chloroform is denied the mother because it is unnecessary. This might properly be characterized as begging the question, but we shall waive that plea; however just, and proceed to ask upon what ground it was ever claimed to be necessary? Simply on the ground of pain suffered by the mother in the labor of delivery. Does he deny the fact of that pain? True he belittles it; he attempts to make it out a small thing, hardly worth the fuss that is created by it. But what is the result? Does he lessen the mother's pang?

Is his attempt at argument so anæsthetic in its effects, that any mother is made to feel her pains to be a trifling affair? No, gentlemen, the suffering, real and terrible, is all there. He, the elevated philosophical doctor at the bedside, looks on with admirable complacency, while she, the mother, descends alone into the valley depths, where rages the conflict hardest;

> "Into the jaws of death;—
> Into the gates of hell."

And until he does in some way show that this pretence of pain is all a sham—this alleged suffering all a myth, the fact must remain that some agent, like chloroform, capable of destroying that pain is necessary.

But now comes the extraordinary statement, that chloroform in labor is highly dangerous. I say this statement is extraordinary, in view of the fact that he did not produce any case in proof. Extraordinary in view of the fact, that none of us ever heard of anything resulting from its use under such circumstances, showing that in any way it was a dangerous agent. Why did he not array statistics in proof? Simply because such statistics do not exist. Says Prof. Yandell, of Louisville; "The historian is able to assert with the most perfect assurance, that up to this day, and after an experience of more than twenty-four years in Europe and America, not a death in midwifery has resulted from the use of chloroform or sulphuric ether. No fatal case in the lying-in chamber, has been charged to either of these agents in any medical journal, anywhere in the world. I have the most perfect conviction, therefore, that no case of the sort has ever happened. It could not occur in a corner where were no witnesses to trumpet it abroad. If a woman in labor had ever died in circumstances to excite a suspicion that chloroform was the cause of her death, the fact most assurredly would have found its way into the medical journals, if not into the newspapers of the day. But no such case has ever transpired. No such casualty therefore is chargeable to it. And the circumstances so fully established, the parturient women have gone on for these four and twenty years, taking it with safety, is one of the most remarkable facts in the history of anæsthetics "

As for the concluding statement, that chloroform antidotes our homœopathic remedies, and so prevents our properly medicating a patient in labor, I have to say this: there is no ground for believing, or making such a declaration. It will take more than his *ipse dixit* to establish its truthfulness. And finally if the argument of the essay, is the best showing that can be made by the opponents of chloroform in labor, we may rest assured the day is not in the far distant, when every parturient couch shall be as that, whereon one

"Lies down to pleasant dreams."

SURGICAL DEPARTMENT.

CLINICAL REPORT CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE. REPORTED BY S. J. HILL, STUDENT.

Cases: Extirpation and Enucleation of the Eye Ball. —Service, Prof T. P. Wilson.

1. Wm. Dixon, of Toledo, æt. 35, struck about ten days ago in the eye, with a piece of iron—a scale that flew from an iron hoop being driven on to a barrel. The size and shape of the iron not ascertainable. It cannot be determined if it penetrated the ball. Sudden blindness ensued, then for a time sight recovered. For a short time little pain was experienced, but in the course of twenty four hours, violent inflammation en-

sued—general panophthalmitis in fact, and subsequently the inflammation extended to the tissues of orbit.

This state of things induced great pain for several days. At present the patient is quite free from pain in the injured eye, but we have marked sympathetic ophthalmia in the other eye. The injured eye is greatly enlarged, and the greatly altered tissues are seen projecting from the palpebral fissure. The parts are remarkably free from pain or tenderness on pressure. The special danger in the case, is the threatened condition of the uninjured eye—or we can hardly say uninjured, since the injury is rapidly encroaching upon, and seriously affecting it. In order to preserve the best eye, removal of the other is imperiously demanded. Owing to the condition of the parts, extirpation is alone possible.

The Professor then anæsthetized the patient and cut out the ball with the larger part of its surrounding tissues.

The operation was borne well, the parts dressed with calendula and water. The patient was placed in the College Hospital, where he remained eight days, and was then sent home apparently well.

2. W. H. Foot, æt 60, resides in Hiram Ohio; occupation farmer. This patient observed last May a blindness coming on in left eye. This increased until at the end of two months sight was wholly lost, and then the ball became the seat of continuous and severe pain. This lasted for several weeks, when a projection of the sclerotic coat was discovered in the part just below the cornea. The increase of this marked the rapid decline of pain, and now for some time past, the only uneasiness experienced, has been wholly in the sound eye. Both photophohia, and pain, are becoming prominent in this heretofore unaffected eye, and there is no recourse but the removal of the unsound eye.

Prof. Wilson placed this patient under the influence of chloroform, and removed the eye by enucleation in the ordinary method. The dissection of the extirpated ball showed a growth of the choroid, forming a tumor that encroached upon and destroyed the tissues, and by its presence and pressure, induced sympathetic opthalmia. The Professor in reviewing these cases, called attention to the facts.

1. That here were the two methods of removing the eye-ball.

2. The first case presented an operation of no small danger, in view of the suppurative inflammatory condition of the parts, yet the result was all that could be desired.

3. The removal of the eye-ball, once thought to be a daring feat, may now be considered, except in rare cases, comparatively a trifling operation.

4. Sympathetic ophthalmia, formerly so destructive to the uninjured and primarily unaffected eye, can now with considerable certainty be avoided.

5. These two cases have terminated favorably, but a like result must not always be looked for in similar cases. Do the best we can failures will occur.

SURGICAL NOTES.

BY H. F. BIGGAR, M. D.

Pathology of the changes which take place in the pedicle of an ovarian tumor when treated by ligature.—Dr. Bantock exhibited a specimen which had been obtained at a post-mortem examination performed twelve months after the operation. When the parts were exposed, no trace of the pedicle could be seen, and the upper border of the broad ligament formed a continuous line with the fundus uteri; but close to its edge could be felt a small body the size of a hemp-seed, covered by peritoneum, and about an inch and a half distant from the uterus. The hard body was found to be formed of the knot of the ligature, the loop and ends having disappeared. Dr. Bantock referred to the experiments of Spilgelberg and Waldeger on this subject, and said that the course of events would appear to be as follows: When the ligature is applied, it forms a deep constriction, which, by the bulging of the tissues on each side, causes the living to come in contact with the strangulated tissues; plastic lymph is thrown out, gluing together the opposing surfaces, and its organization establishes a vital connection between the two, so that sloughing is prevented. In course of time the loop ceases to exert any force, and it is probable that the capillaries ultimately become pervious. Subsequently the absorbents begin their work, and remove not only such portions of the tissues as are unable to maintain their integrity, but the ligature itself yields to the forces at work. Dr. Bantock considered that the extraperitoneal method by the clamp was the best mode of treating the peduncle, still this case demonstrated the safety of the ligature.—*London Lancet.*

Semon, of Heidelberg, has operated several times for the removal of malignant growths from the various cavities of the body, by scraping among the diseased tissues by means of spoon shaped instruments, with oval blades and sharp edges, varying in size from that of a pigeon's egg to that of a bean, the handles being adapted in their length to the cavities in which they are to be employed. He has operated for cancer, three times upon the cervix and once within the cavity of the corpus uteri, once upon the posterior wall of the vagina, once upon an epithelial cancer of the bladder in a female, introducing the instrument through the urethra, and once upon the posterior walls of the pharynx. He recommends this method of extirpation also for tumors of the orbit, of the autrum of highmore, and of the rectum, and claims for it "advantages superior to those possessed by any other means of operation, upon all friable tumors with large basis, situated within the cavities of the body." He asserts that the tumors can by this means be more thoroughly removed, and with the least danger of injury to the surrounding tissues; the hemorrhage is almost insignificant. In operations upon the uterus and vagina the pain is so slight as scarcely to require the employment of an anæsthetic; relapses when they occur, take place at a much later period than after operations with the kinfe.—*N. Y. Medical Journal.*

The Eye in Bright's Disease.—With regard to the frequency of changes in the eye in Bright's disease, Dr. Wadsworth, of Boston, *(Boston Medical and Surgical Journal,)* stated that he had for some time past examined every case that had been admitted into the City Hospital, and had found that in every 25 per cent. trouble in the eye existed. Dr. Fifield said that the strange part of these cases was the great and sudden variation in the state of vision. In some cases vision would be very much affected for a few days, and then would become almost normal.—*Medical Record.*

Ammonia Treatment of Snake Bite.—The *Indian Medical Gazette*, says, that a report furnished by the inspector of police to the Bengal Government, shows, that of 939 cases of snake-bites, in which ammonia was administered by the police, 702 are reported to have recovered, and the average length of time between the bite and the application of the ammonia, is said to have been in fatal cases, 4h. 12m. 13s., and in cases of recovery, 3h. 28m 14s.—*Medical Record.*

Microscopical Examination of the Sputum.—Dr. A. P. Dutcher, Cleveland Ohio, (*Cinn. Med. News*) adds his testimony as to the value of microscopical examination of the sputum as a means of diagnosis in chest diseases. Dr. Hughes Bennett concurs with Dr. T. Thompson, in recommending it as a very useful means of diagnosis in all doubtful cases of phthisis. Dr. Andrew Clark of London, regards the examination of the sputum, as the only certain means of detecting the disintegration of the lungs, and the increase of the disease.—*Medical Record.*

Ovarian Tumor at the Age of Three Years.—The *Lancet* of December 16, contains the report of an operation by Mr. Alcock, for the removal of an ovarian tumor from a child of this age, the disease having commenced a year and a half previously. Death followed about forty-eight hours after the operation.—*Medical Record.*

Antidote to Carbolic Acid.—A solution of saccharate of lime, it is asserted, is a reliable antidote, against the poison of the carbolic acid when by accident taken internally.—*Medical Record*

HERNIA.

BY S. R. BECKWITH, M. D.

READ BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

In offering the following paper to the society on the subject of abdominal hernia, I have no expectation of instructing any one in the anatomy or treatment of hernia, but simply to offer a few suggestions, and the report of several cases not usually found. I also beg leave to present a method of operating for radical cure of reducible hernia, that is accompanied with less danger than the ordinary methods, and with at least as good results.

Although confident of its success in the radical cure of hernia, my experience as yet is too limited in its use, without observing its application in more cases, to recommend it to the profession without caution, and can only hope at our next annual gathering, its merit or demerit, will be better proven. We all take a pride in being able to offer, a new and heretofore untried remedy that promises benefit to the sick. With like sensations of pleasure, do we present a new thought or innovation in surgery, or any of the collateral sciences of medicine.

Most of our efforts at new and novel things (although we ourselves suppose they are valuable,) are not found useful to the profession, and soon are forgotten. Yet, while we remember that all advancement in our art, has been the budding or cropping out of ideas and thought upon some well known and received principle, and while I can only hope that any thought of mine will be kindly received, I am not vain enough to suppose that it will be particularly useful to any one, but take the liberty of presenting them because I have the advantage of custom in excuse of my offering the following:

Hernia of the abdomen may occur at any part of the abdominal walls. Yet it is most usually found where the muscular and tendinous structures are too weakened, to allow the passage of vessels, intestines or its coverings from the abdomen. Wherever found it is composed of a sac and its contents, and no part of the anatomy of hernia is as variable in its structure, The sac composed of a neck and body, is a continuation of the peritoneum surrounding the hernia, and lining the aperture through which it passes. This description, applicable to the great majority of cases, is not without frequent exception, as the sac fails to cover in some instances the entire hernia, and other deviations are found especially useful for the operator to know, when he is operating for strangulated hernia. The neck in recent cases is narrow, not differing materially from other portions of the peritoneum. While in cases of long standing, or where the hernia is large, or where a truss has been worn for a considerable time, the wall becomes thickened and opaque, from the deposit of plastic matter, or by its being folded upon itself. In these cases, the vascularity of part is measurable last, and not liable to inflammation. The body is that portion of the tumor found external, or rather the continuation of the neck. Its contents being generally the intestine and, termed intestinal or intestine and omentum, which give an irregular appearance of the tumor, when compared with intestinal. Again the contents of the sac, may be a large portion of the intestine with its mesentery or serous effusion, causing the increase of size and globular appearance of the tumor.*

Adhesions occur especially in femoral hernia, in the form of bridges thrown across the sac, or between the intestine and sac or folds of the intestine. These anomalies may if overlooked by the surgeon in his operations for strangulated hernia, prove disastrous to the patient, as in a case where I witnessed the operation for strangulated femoral hernia, in which great care was observed in dividing the stricture, and replacement of the gut. Yet the symptoms of strangulation reappeared in a few days, and death ensued in less than a week. Autopsy revealed the presence of fibrinous bands between the folds of the intestine that renewed the strangulation.

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* See frontispiece.

Diagnosis of hernia is usually easily formed by the appearance of an elongated tumor at one of the usual apertures of the abdomen, larger below than above, increased in size by any violent action of the diaphragm—smooth or gurgling when pressed upon, and slipping into the abdomen with a distinct sound if intestinal, but doughy, soft, and irregular in shape, and replaced with more difficulty if omental. Yet in very many instances, the greatest difficulty possible is met when attempting to diagnose a hernia complicated with hydrocele, or where the omentum alone has found its way out of the abdomen, or where there is the existence of bubo—tumors etc., and too much caution cannot be observed in forming an opinion of such a complicated case, especially where the subject is a child. I have known of a case of congenital hernia with hydrocele, tapped, and iodine injected without reduction of the hernia, and peritonitis follows.

Hernias are of two kinds, congenital and accidental; of the former, only two varieties usually occur indirect inguinal and umbilical, all others are properly termed accidental.

The congenital inguinal is where the intestine follows the testicle in its descent, and is sometimes difficult to diagnose from the various complications that often accompany it.

As in a case that Dr. W. H. Hunt, kindly invited me to examine, where the testicle was found in the external ring, and the intestine in the canal and irreducible. This patient about thirty years of age, had suffered at different times with partial strangulation.

Hernias are reducible, irreducible or strangulated.

In the treatment of the first, making the application of a truss is the common method, and much ingenuity has been displayed in the manufacturing of the different varieties of truss, and the profession has an endless number of kinds to choose from, and I can only suggest, that in selecting a truss, the ring should be large enough to produce pressure on the surroundings of the hernia, and the pad so adjusted as to press upwards as well as downwards.

In many cases a truss will not retain the hernia, or the parts are too sensitive to allow of its being worn. Or the party desires a radical cure, and we decide upon the different methods to accomplish this, viz: by blisters, mechanical pressure, plugging the ring, or by operating.

Of all these processes, the latter is preferable, and many different modes have been adopted, depending upon taste of surgeon, each thinking his plan the better one.

In several cases I have operated in the following manner:* after replacing the hernia, the parts above the canal are raised leaving the cord below, and a needle double threaded is passed through the gathered tissues just above the external ring; another needle like threaded is passed in an opposite direction, about half an inch above the first, and the thread wound around the needles from heel to point. The patient is confined to his bed for a week or more till adhesions take place, when a truss is adjusted and he is allowed to attend to his business. The advantage claimed for this mode of operating is, that if peritonitis should ensue, the needles can at once be removed, and the danger thwarted. Also by bringing the peritoneal lining of the canal in contact, and maintained by pressure adhesion is more likely to occur, when closeness of the canal and rings are complete, they are more firm, and the hernia is less liable to occur. Of the merit or demerit of this operation, I hope at our next meeting to be able to hear from members that have tried it, and will condemn or favor it. Another form of hernia that is so often mistaken is concealed. The intestine with or without the omentum, finds its way into the ring or canal, and not discoverable at once you have no knowledge of its existence, unless symptoms of strangualtion appear, and there is no positive way of distinguishing between it and a case of intussception, except a swelling occurs over the hernia tumor. Yet there are some peculiar symptoms belonging to the concealed hernia, when inflamed, as pain externally along the cord to the testes, swelling of the scrotum. Yet I can readily understand how a case may exist, until dissection alone reveals the true nature of the case, as was exemplified in a case by my friend Prof. Wilson, who from the local pain, obstinate constipation and vomiting, nearly stertorcaceous, suspected his patient had a concealed hernia. We carefully examined the rings and canals, and thought we detected a fullness in the inner ring, and incision was made along pouparts ligament, exposing the cord. On reaching the innner ring a loop of the intestine was found caught in the inner ring and strangulated, which was easily relieved by division of the stricture. Although partial, and complicated and had lasted an unusual term, the patient made a rapid recovery, showing the comparative rarity of gangrene, or destruction of the intestine or omentum, or hernia that is within the abdominal cavity, unless allowed to run much longer than could ordinary hernia. But the truth of this assertion is better exemplified in the time intussception will continue without producing death, compared with strangulated hernia.

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*See frontispiece.

In concluding this article I will have to offer a few suggestions in the treatment of strangulated *hernia.* And I do so in hopes that our surgeons may be a little more observing in their diagnosis between inducible and strangulated hernia.

We see in many of our Journals, articles claiming the wonderful specific power of our remedies in reducing hernias. As, for example: some dilution of nux-vomica was given in a case of strangulation, and in a few hours the case was cured. Now such assertions must be taken with great caution, as many cases of reducible hernia become, for the time being, irreducible from congestion, &c., and rest with the proper use of taxis will remedy, as well without nux. as with it, and are not in any manner strangulated hernia.

I am not surprised that homœopathic physicians who daily see such wonderful cures by their remedies, should at times think almost all ailments yield to their influence. But let us not forget that we make ourselves appear ridiculous when we claim that tendinous or membranous bands can be stretched or broken by internal medicine.

I am of the opinion that in case of strangulation too much time has been lost at efforts at reduction, also the taxis is continued too long, the parts become injured and inflamed to a greater degree, and when an operation is performed the prospects of cure have been lessened.

I am aware that the diagnosis of strangulation is oftentimes difficult when complicated with irreducible hernia, peritonitis, tumors, &c., yet the congestion, inflammation and marked increased size of the tumor, accompaned with fullness of the abdomen, prostration, vomiting, and local pain are pretty certain evidences of strangulation, and not much time should be lost in doubt of diagnosis, but the parts divided which is the most certain mode of relief even if there is not strangulation.

Again, too much care cannot be used in all cases of strangulation, in a complete division of the stricture after a free opening of the sac, for fear that the intestine may not be relieved after it has been returned into the cavity of the abdomen, as I observed once in a case where the operation was well performed.

A peculiarity occured in a case that I operated upon, a patient of the lamented Dr. Bigler. The subject, a healthy man, a blacksmith by trade, while shoeing a horse, was thrown some distance in attempting to hold the horse's foot while the horse was rearing and plunging. On rising he felt a pain in the groin and found the scrotum filled. In a few hours I assisted Dr. B. in attempting to reduce a hernia, that had thus suddenly been produced. Our efforts were useless. and I found the fibers of the external ring so firm that it was with great difficulty the finger was introduced for the knife to rest upon to divide the stricture. The patient made a rapid recovery. I have never before known of a hernia of but a few hours old become strangulated, and would respectfully ask an explanation.

REMOVAL OF THE UVULA.

BY E. NOBLE SMITH, L. R. C. P., M. R. C. S.

I AM induced to bring this subject before the profession for the following reason. Twenty years ago, the late Mr. Yearsley published these remarks : "*Excision of the Uvula.*—In order to obtain all the advantages, and ensure no disadvantage from this operation, it is necessary that *the whole* of the uvula should be removed, and not part only, as has been the usual practice. It is owing to this partial removal that patients have occasionally been sadly inconvenienced by the irritation kept up by the food in its passage through the isthmus striking against the surface. In consequence of such results, Dr. Bennatti, a talented physician of Paris, who, some years ago, used to amputate the extremity of the uvula in singers, discontinued the practice. In the numerous cases in which I have performed *total excision*, I have never seen such a result. It may, therefore, be set down as an axiom that *shortening* or *snipping* the uvula is a most objectionable operation; whereas its entire removal, by which the palatine arches are thrown into one, is an operation which in suitable cases is to be commended. The utmost pains have been taken to ascertain the results of loss of the uvula; but in no one case can I find that the slightest inconvenience has arisen from its removal. The fact that the removal of the uvula involves no subsequent inconvenience to the patient is of itself of the greatest interest both in a physiological and a practical point of view."

Notwithstanding this sound advice, there still remain members of the professson who practice snipping or partial removal, to the detriment of both patient and practitioner, and with the result of causing the public strongly to oppose operative interference. I have lately met with numerous cases in which patients have submitted to what was styled removal of the uvula, proving, however, but a *partial* removal. The consequence has been that the raw surface has remained dangling, irritated by every morsel of food that passed down the throat; and in some cases inflammation has arisen, spreading to the throat and larynx; weeks of suffering have occasionally followed, terminating generally by leaving the uvula as long as it was before the operation.

It is not surprising to find this remedy often condemned, upon the following grounds: viz., that it causes much pain and suffering, and is of no permanent benefit, for the organ almost invariably grows again. Not only is it thus, but very many members of the profession are impressed with the idea that excision of the uvula is an unjustifiable, or rather an useless operation, and they have, therefore, discontinued it; others, more persevering, have resorted to repeated snipping, with an uniform result of regrowth. With regard to entire removal, which I have always practiced, the possibility of detrimental hæmorrhage is advanced as an objection; and I believe some cases are upon record where the excision has been followed by unpleasant results. Patients have been known to bleed to death after the removal of a tooth; but that fact would scarcely be a sufficient argument to deter any one from the operation of tooth drawing. In the loss of either an uvula or a tooth, common precautions would avert so unfortunate an event.

All the cases in which I have removed the uvula have resulted satisfactorily; and I have experienced the good fortune of not having had any in which the bleeding has not been almost immediately stopped by cold-water gargle. In one case, the patient had an enormously enlarged uvula, half an inch in thickness, and extremely vascular. I feared the removal might possibly cause some troublesome bleeding, so I had in readiness some of the strong liquor ferri perchloridi with which to touch the wound; but I found its use quite unnecessary, as the hæmorrhage stopped in a very few moments. If in any case iron failed, I should apply a wire ligature, which could be very easily done with an instrument that I have had made for excising very vascular uvulas, a description of which I hope to give upon some future occasion.

The following cases are, I think, worth recording, in order to illustrate another feature of the malady, to which I wish to call the attention of the profession :

T. B., aged 34, had apparently been a powerful man, but, at the time when he applied for treatment at St. Mary's Hospital, in the middle of June, 1868, he appeared to be suffering from advanced phthisis. He was extremely emaciated, and had a distressing cough, which had commenced in April, and continued in spite of all treatment. He had been loosing flesh and strength rapidly, and had just previously been treated, he said for consumption at an eminent hospital. I examined his lungs, and was surprised to find no sign of disease. I then looked at his throat, and found an extremely elongated uvula; the throat was also inflamed. I prescribed chlorate of potash and bark, and astringent gargles; but the uvula remaining enlarged, I cut it off. From that moment the cough stopped, and the man continued to improve until August 25th, when he was quite well and strong.

I have had many patients who have been undergoing treatment for lung disease, whose maladies ceased with the removal of the uvula. The following case is instructive:

Alice K., aged 11, came under my care Sept. 22, 1870. During the summer of 1869 she had suffered from a severe attack of measles, which had left her in a very weak condition, with a suspicious cough, which had continued unabated until the time I saw her. She had for several weeks suffered from such severe nausea and vomiting, that only a minute quantity of nourishment had been taken, and she was, consequently, worn out, and in a moribund condition. Her sufferngs were attributed to phthisis, her mother having died from that disease. Upon examination, I found evidence of a tubercular deposit in both lungs, but to such a slight extent that the cause of her extreme illness had to be sought elsewhere. I examined her throat, and found the uvula, much elongated, resting upon the tongue. After the administration of an astringent to the throat for a few days, I removed the uvula. Upon the following day the cough and sickness had almost entirely left her, only a slight soreness remaining. From this time she steadily improved. This year, however, the tubercular disease has become fully developed, and now (December 1871) the little patient is rapidly approaching death—a victim to the natural process of a dire disease, having escaped an earlier and more painful end.

These facts are important, as they show how necessary it is to diagnose rightly a disorder which is capable of producing such serious results. I will not venture to assert that any one has ever been allowed to die of an affection that may be so easily cured, but the above cases show the possibility of such an occurrence. —*British Medical Journal*, Feb. 3, 1872.

MEDICAL THERMOMETRY.

VALUE OF THERMOMETRY IN MEDICAL PRACTICE.

THERMOMETRY in disease is an "*Objective, Physical Method of Investigation*" which gives, earlier than the other methods, a more accurate and delicate measure of the changes in the organism. Its signs may be expressed graphically by traces, or numerically by figures, or by both.

The determination of the patient's temperature is valuable as the most essential element of study of a case; as its variations are symptoms of general disturbance, to search for the fixed laws which regulate the course of diseases (some of them already found), and for the deviations from these laws and their causes. As soon as thermometry attains to the discovery of one of these laws, it conquers a fresh territory for pathology, and reveals a "new world:" the domain of "law in disease."

But the alteration of temperature in disease is sometimes due to the morbid process, at other times to accidental or momentary influences. This creates confusions, to be overcome by a sound judgment exercised upon a greater number of observations.

Thermometry is a part of our method of diagnosis or observation of disease, indispensable where temperature varies, useful in doubtful cases, and auxiliary in almost every case. A medical attendant who undertakes to decide a case of fever or febrile disease without knowing the facts of thermometry, is like a blind man trying to find his way into an unknown locality. But thermometry is, besides, called to discover the laws of the march of diseases, as well as the laws of their causes, and will become *Thermonomy.*

Many persons admit all this, but are incredulous as to its success outside of hospital practice and clinic teaching. But already thermometers are in the hands of a large number of practitioners; and the cost of the instrument is not excessive. As for the cost of time, we will see in "methods of observation" how it can be cheapened. Otherwise it always saves time, by rendering other modes of investigation superfluous. The public does not object to it, rather likes it, and we must give it its full value, by the precision of the method we employ to secure its most trustworthy results.

THE ART OF MEDICAL THERMOMETRY.

Physiological experiments on temperature may need thermo-electric apparatus like those used by Becquerel, Lombard, Gavarret, etc.; but medical thermometry requires only a good mercurial thermometer, and a systematic method of applying it. (Let the instrument be one of those whose equivalents have been established in a table at the end of this volume; and the method that of Wunderlich, which I beg leave to abridge in the terse language used in 1867 by Dr. E. C. Seguin, then house-physician to the New York Hospital):

"The instrument *may* be centigrade or Fahrenheit, but it *must* be accurate. If self-registering, the nurse can use it at stated times, and the physician read it at his next visit. *Manual of the thermometer.*—The bulb is to be inserted in the axilla, previously dried, if moist from perspiration, just beneath the fold of the pectoralis major muscle, not too deeply, the forearm of that side carried across the chest, and the elbow secured by an assistant, or by the patient's other hand. It is left in *situ*, carefully isolated from all clothing, and in perfect contact with the skin, for eight or ten minutes, being looked at three or four times, the last two determining whether the column of mercury has ceased to rise; the degree (and fractions) is then read off and registered on a blank diagram.

"While waiting, the physician has time to count and record the pulse and respiration, and even to proceed with many other points of investigation. If the time be precious, the bulb may previously be heated, about to the expected heat, and then inserted, when three or five minutes will be enough for a correct estimate. With the exception of the anus, the axilla is found to be the most reliable locality for the purpose."

Besides the axilla, we apply the thermometer in the mouth, vagina, rectum, bladder, even in accidental or surgical cavities.

When taking observations we note carefuly the num ber of the instrument, the hour, the day, the month and the disease; avoid taking it just after a copious stool, a vomitting, a hæmorrhage, a meal, or an abundance of heating or cooling drink, or during profuse perspiration. No use to note the temperature of the surrounding air, unless excessive; the same of barometric pressure.

Generally it is enough to *take the temperature* twice a day, from 7 to 9 A. M., time of the lowest temperature; and from 4 to 6 P. M. time of the highest; unless these daily remissions on exacerbations are displaced. The observation is repeated oftener in important cases, in very acute diseases, in cases of doubtful diagnosis, and of deviations from the normal type; in fact, whenever anything special is noticed in the patient or occurs to affect him. Eventually these repeated observations are suitable from 3 to 4, 7 to 8, and 8 to 10 A. M., 12 to 1, 3 to 4, 6 to 7, and 10 to 11 P. M. In a rapid crisis, as in intermittent, hourly half-hourly, or continuous observations can alone show the progress of the case. This demands an immense amount of labor.

By whom shall it be done?

If one or two observations are needed daily, the physician must take them; and if he has no time he ought not to undertake the case. If more are needed he should know by whom and how they are taken, and be able to criticise the results. For the role of the surgeon is not merely to take observations, but to superintend, control, aud rightly interpret them; the mere reading of thermometer degrees helps diagnosis no more than dispensing does therapeusis.

As astronomic observations are often better recorded by honest, attentive assistants, than by astronomers; so a nurse or relative can be made a useful assistant to the medical thermometrician. Whoever is selected must be trained for it, and his records controlled; but these records, sufficient guides in private practice, would not be admitted as elements of the formation of general principles or of laws of disease; they serve to shorten the labor in private practice.

In the wards of large hospitals, method alone can shorten this labor. To each patient the same instrument; all applied before the visit, nurses, etc., corectrecting their position, and noting the results, which the doctor soon controls himself; if he sees any difference, more time is given to repair the error. The results thus obtained should be continuously recorded on charts, or ruled maps, by a continuity of lines whose base and summit correspond to points, or sooner to figures, on the thermometric scale used. The pulse and respiration are there noted, too, by different graphic processes, as well as other symptoms. Each chart gives at a glance the history of a case; a collection of such charts exhibits the uniformity of the general course of a disease, promulgates its law, evidences the irregularities and the action of therapeutic agents.

ON THE TEMPERAURE IN HEALTH.

The "temperature of healthy human beings must be the basis of all our conclusions as to the temperatures met with in diseases." But the results of physiological Thermometry are far less numerous any less trustworthy than those of Pathological Thermometry. Setting aside the admirable observations of Brechet those thought to have been instituted upon healthy bodies—for instance, by Gierse upon himself—may have been made upon bodies really sick, or possibly sick, though thought healthy at the time of the experiments. Not so for the pathological observations, where no doubt can exist about the status of the patient.

Besides, the pathologist has in hospitals abundant material for observation, and the physiologist does not find many well persons ready to be experimented upon, and animals cannot reliably be substituted to men on account of the larger range of their normal temperature. However, it is yet almost impossible to draw a hard and fast line to indicate by the temperature the exact limits of health and disease, it is nevertheless true that the range of normal temperature in the axilla is from 97. 25° F.=36. 25° C. to 99. 5° F.=37. 5° C.; and that the mean normal tempetature is 98. 6° F.= 37 C. Anything above or below must be looked at as at least suspicious.

Thus it appears that the normal temperature—though it is the result of continual production and loss of heat—remains the same.

As long as the body is healthy it maintains its normal temperature through the light oscillation just indicated; and in sickness "the sign" of convalescence is the substitution again of this healthy oscillation for the large fluctuations and deperditions of heat which threaten life. Thus thermo-physiology interests us as the foundation of medical thermometry.

The constancy (with oscillations) of the human normal temperature is maintained by two processes, the generation and the giving off of heat. The forces which are changed into heat in the body are the chemical affinities of its own substance, and of the material introduced into it from without. Of these substances the most important by far is the blood, which, on account of its capacity for taking up oxygen, is the main agent of heat-production; and, on account of its circulation, almost equalizes the temperature of all the parts of the body.

The "loss of heat occurs simultaneously with its production" by radiation (from the surface,) by conduction or transmission to other bodies, by evaporation of secretions in a gaseous form, and by its conversion in the processes of work.

We do not know so much about the "regulator of warmth," or natural process by which the production and the loss of heat are so well balanced; but we use rational practices to obtain that effect, as covering ourselves for a protection against the cooling of the surface, which is the chief seat of the loss of heat, as feeding upon certain substances, etc. Otherwise, when the organism is in a normal condition, the general temperature of the body maintains itself at the physiological point: 37° C.=98.6° F.

But the temperature of all the parts and of the viscera is not uniform, and, locally considered, is not constant; the heat of the blood itself varies in certain parts of the body; but those are experimental phenomena, which medical thermometry has not yet turned to account.

WILL THE EARTH BECOME A DEAD STAR?

BY J. BRAINERD, M. D., WASHINGTON, D. C.

THE recent revelations of the spectroscope have opened a new field for contemplation in relation to the past and present condition of the heavenly bodies. Previous to the introduction of this instrument, the physical constitution of the sun and other celestial bodies was a mere matter of conjecture. Now, the elements that enter into the composition of our great luminary, and the process by which light and heat are transmitted, are understood with reasonable certainty. We can now analyse meteors, and name the elements that form our comets. Even the fixed stars, whose distances defy computation, are shown to be composed of matter like that with which we are in constant contact.

We learn that the planets that compose our own solar system have periods in their existence, answering to those of infancy, maturity, and age, and that the elements of their composition are now, and have been, gradually passing from an incandescent state, like gas, to that of a fluid or solid form.

In the study of these phenomena we have accumulating evidences that the materials that constitute our globe were once in a state of elementary, self-luminous vapor, occupying an extent equal, perhaps, to the orbit of the moon, and having a disc-like form, like that which now surrounds the sun, called the zodiacal light.

The revelations of geology show that the earth was once without a solid crust, a melted, fluid mass of mineral matter, surrounded by a dense and heated atmosphere, containing the elements which now form the waters of the ocean. The union of oxygen and hydrogen, in the form of water, is known to produce an intense heat, a heat sufficient to melt the most refractory bodies known; in fact, this is true in relation to the combination of oxygen with any other element than hydrogen; and as it is known that oxygen constitutes about one-half of the substance of our globe, being found in union with almost every other element, it is no marvel that the primitive earth should have been in a fluid state from heat, arising from such chemical unions, and surrounded by a dense and luminous atmosphere of thousands of miles in depth, radiating light and heat into the regions of space in the same manner that the sun now gives light and heat to us. And this radiatlon of heat from the earth has been incessant through unnumbered ages, and still continues; and, however slow may be this action at the present time, it is nevertheless certain; and the consequences of this cooling process was early manifested, resulting in an increasing density of the earth as a whole, contracting its circumference, thus causing inequalities in its surface, forming both the bed of the ocean and great mountain ranges.

Primarily, the changes upon the earth's surface were due wholly to the contraction of its crust by loss of heat, but after the formation of the ocean, by the condensation of the watery vapor that surrounded the granite globe, other agencies were brought into action to produce such changes.

All the stratified rocks have been formed by the agency of water, usually by the joint action of the mechanical arrangement of undissolved material of older rocks, and the chemical deposition of matter held in solution, by which the undissolved particles were cemented together; or, the stratified rocks may have been altogether formed by chemical deposition and crystalization, and stratified by a re-arrangement of particles.

The thickness of the crust of the earth at the present time, embracing both the granite and stratified rocks, varies from ten to thirty miles, and this thickness is constantly increasing, both from the decomposition of new matter in the depths of the ocean, and the cooling of the underlying granite.

The vast interior of nearly eight thousand miles is one vast cauldron of melted matter, pressed upon all sides by the constantly contracting solid crust that surrounds it, finding only occassional vent in volcanic eruptions in the form of melted lava. This fluid mass, which constitutes the nucleus of the earth's crust, is fluctuating but not compressible, and the solid rock, whether stratified or primitive, floats upon its surface as ice floats upon water. The cooling process constantly going on in the earth's crust causes a pressure upon the interior fluid mass, and would, were no other agencies brought into action, produce a gradual and quiet flow of lava from the natural vents with which the crust of the earth is provided.

The known contraction of granite rock from a temperature of six hundred degrees (a red heat) to sixty, (the mean temperature of the surface rock) would shorten the circumference of the earth's crust more than fifty miles: and to this agency alone may be attributed the formation of our most stupendous mountain ranges and the great depressions of the ocean's bed.

The ocean has a depth in many places of more than five miles, and our highest mountains present a corresponding altitude; but were these mountains to be leveled, the beds of the seas and oceans filled up, and the waters of the globe equally distributed over its surface, the fluid envelope would not exceed three thousand feet in depth, (about three-fifths of a mile.)

That the mean temperature of the earth is constantly being reduced is a fact admitted by such men as Fourier, Herschell, Von Humboldt, and others, and were its present solid crust of sufficient strength to sustain the pressure of its own wieght, the final refrigeration of its interior, molten matter, would cause the formation of caverns equalling in extent and capacity a zone of nine miles in depth, encircling the entire globe; sufficient in extent to engulph ten times the quantity of water now upon the surface of our earth.

Water and a humid atmosphere are essential to the developement of both vegetable and animal life, and any material change in regard to the distribution of this fluid would seriously affect such developement.

We learn from the testimony of the rocks that there has been a period in the history of our planet when no organic form existed; a period in which the positive and negative elements, the metallic and non-metallic, became chemically united. From the same source we learn that the simplest forms of life were first revealed, and that in succession higher and still higher orders were introduced, till at last the great work of creation or developement was crowned by the advent of man.

The earth has passed its period of embryonic existence, its birth as one of the heavenly bodies, its infancy, its youth, and has now reached the period of its manhood. That it will have the period of its decline and death we have the evidence of all surrounding objects. Everything that has life passes through its destined changes. Nothing remains stationary. The planets that compose our solar system exhibit their different phases in progressive developement. Even the sun, the great center of light and heat to our worlds, shows indisputability the evidence of change and progression.

We reason from these premises that the earth, like her satellite, the moon, will eventually become a dead star; that the waters of the ocean will retire to her cavernous interior; that her sensible atmosphere will become absorbed into her porous rocks, and as a consequence of these changes all life will dissapear, and naught will remain to sound the requiem of her departed greatness.

FROM CALIFORNIA.

WE are indebted to Dr. E. J. Fraser, of San Francisco for the following:

The California State Medical Society of Homœopathic Practitioners met on Tuesday evening, at the Pharmacy, No. 234 Sutter street, the President, Dr. Shepherd, in the Chair.

A communication from the committee of the County Society, regarding the celebration of Hahnemann's birth-day, was received, and a committee, consisting of Drs. Griswold. Hiller, Dinsmore, Fraser and Esten, were appointed to complete the arrangements for that event.

The Society met in Pacific Hall, pursuant to adjournment, Dr. Shepherd in the chair. After the preliminary business, the reports of committees were called for.

Several interesting essays upon professional subjects were read and discussed. The effects and uses of cundurango formed the subject of considerable discussion. It seemed to be the decided opinion of those who had examined it and experimented with it that it was no use in cases of cancer; but it was thought that upon further knowledge of its effects it would prove very useful in nervous and other diseases. At present the profession is in doubt. It was clear, however, that cundurango must be an extremely dangerous drug in non-professional hands, as, when injudiciously administered, it occasions partial blindness and most severe pains in the head, lasting days and even weeks.

A report of Dr. Fraser upon cancer, and of Dr. Dinsmore upon cundurango, were ordered to be prepared for publication and submitted to the Publication Committee.

ELECTION OF OFFICERS

For the ensuing year was next in order. It resulted as follows: President, Dr. Shepherd; Vice-President, Dr. J. K. Clark, of Sacramento; Second Vice-President, Dr. J. Esten, Recording Secretary, Dr. Griswold; Corresponding Secretary, Dr. Frasier; Treasurer, Dr. Werder; Censors, Drs. Dinsmore, Thiese and Coxhead.

The meeting then adjourned.

THE CELEBRATION.

A large and appreciative audience assembled at Pacific Hall last evening on the occasion of the celebration of Hahnemann's birth-day by the California State Medical Homœopathic Practitioners. The front of the stand was loaded with choice owers, and the hall was tastefully decorated with wreaths and festoons, giving the whole, from the spectators point of view, a decidedly fresh and pleasing appearance. The exercises began about a quarter past eight, with a piano duet—Gottschalk's Overture to "William Tell"—by Miss Fannie Meyers and Master Samuel Fabian, which was loudly applauded. At its close the President, Dr. J. S. Shepherd, of Petaluma, was introduced and delivered the annual address. He referred to Hahnemann, the founder of Homœopathy, in terms of eulogy as the man who had dashed the noxious drug from the mouths of suffering humanity, and had dethroned "King Narcotic." He gave an account of the manner in which Hahnemann was led to his discovery, by noticing that Peruvian Bark produced the same symptoms which attended fever and ague, and by following up the chain, this greatest benefactor of the human race came at length to his sublime discovery of the true principle in the treatment of disease. He cited numerous eminent medical authorities of the Allopathists, ancient and modern, to prove that by their own confessions they were entirely at sea, and that their therapeutics was a chaotic mass of theories and groundless fancies. He gave an encouraging account of the progress of the Homœopathic system of practice. He said that no great progress had been made in this city until within the last year. In that time a State Society had been formed, and had been followed soon after by a City Society. The system had been making giant strides in other parts of the country, and now numbered six thousand practitioners in the United States, and to-day if the spirit of Hahnemann could look down upon them, he would exclaim, " Thank God I have not lived in vain." He predicted that the time would come when Hahnemann would be acknowledged as the greatest benefactor of his race, and all the old theories of therapeutics would crumble in the dust, and would join in the ranks of his followers and give honor to his name.

Miss Fannie Marston then sang " Valse Brilliante L, Amore," and received an *encore*, responding with "Robin Adair," after which Mrs. Lippincott (Grace Greenwood) was introduced to the audience. She was greeted with loud applause, and spoke for about half an hour. She said she had been announced to deliver an address upon Homœopathy, but she was not prepared to do it, and doubted her ability to deliver a discourse on a system of medicine. She was going to get out of the difficulty as dear old Abraham Lincoln often got out of his little difficulties--by telling a story. When Napoleon's army was on the march toward Russia, in the summer of 1812, a portion of the army passed through Saxony, a proud, insolent set of fighters, making away with all that came in their way, and often insulting the people. While passing through one of the towns, it happened that a company of infantry halted before the house of a minister and teacher, and demanded bread. The minister's son a bright sunny child, ran out with a fresh loaf of brown bread, and offered it to a young Lieutenant, but that officer took it and threw it scornfully upon the ground, saying, "How dare you offer us the bread of boors. bring us white bread, you young rascal." The soldiers shouted their approval, and kicked the loaf of bread to pieces. The brave lad whose name was Constantine, looked the soldier in the eyes and said, "It is good bread. My mother made it, and you are very wicked to treat it so. Don't you know that God will punish you if you throw bread on the ground?" Something in the boy's words and manner impressed the young soldier, and he marched away. Months passed away, and rumors came of the disastrous retreat from Moscow, and soon the troops, sick, weary, discouraged and suffering, returned through the towns they had outraged and pillaged. A miserable little squad of infantry halted before the house of the teacher one day, and the officer cried, "For God's sake give us bread!" Again that little child ran out with two loaves of white bread, and timidly offered them to the young Lieutenant in his soiled and tattered uniform, and with his right arm in a sling. The young Frenchman burst into tears and refused to take them, saying, "No this is too good for us. Bring us black bread, such as we here trod under foot. Ah! my boy, the curse you told us about has fallen on us!" That boy was Constantine, the next greatest man of the century, after Hahnemann. He keeps step with the century on the first of which he was born, the greatest century that the world has ever known. He was an ardent, devoted student of Nature. Just after the promulgation of the new heresy in medicine, which somehow would not be put down, he undertook, at the solicitation of his tutor and others, to refute the heresy of the new faith. He had rashly grappled with a power that he had not understood. When the morning came he found that he had been wrestling with an angel, and that the angel "had him." (Laughter and applause.) He became a firm convert to the new doctrine, suffered the ridicule he thus incurred, and bravely won his degree. In his twenty-sixth year he was sent to South America to make zoological observations. While there he incurred the displeasure of the King by a letter expressing sentiments in harmony with the new doctrine, and being told to attend to his business and let Homœopathy alone, he gave up his position and came to this conntry. He fell in love with American institutions, and most especially with that most noble American institution—a good American woman. (Laughter.) He married and settled among us, and, God bless him! he has never left us. May the day be far distant when he shall be taken away from the multitude of his friends and patients whom he has blessed with his presence and attention. Wherever he goes, his earnest, devoted, child-like nature will continue to bless others, and it will be well with him.

At the conclusion of her address, Mrs. Louise Parsons sang "El no Cancion," and was encored.

Dr. F. Hiller was then introduced and delivered an address of considerable length, on the subject of Hahnemann and his discovery.

Mrs. Lippincott then by special request, recited an Irish poem, entitled "A morning, in the Police Court," which was loudly applauded.

Then came a duet on the cornet and piano, by Henry Harris and Professor Carnes, after which the audience dispersed.

THE HOMŒOPATHIC SCHOOL. THE MODERN SCHOOL OF RATIONAL AND LIBERAL MEDICINE OF THE FUTURE.

BY DR. W. H. WATSON, UTICA, N. Y.

At the close of an address, which, as President of this Society, I had the honor of delivering before it on Feb. 9, 1869, I used the following words: "Let us seek to make our school, at once, broad, catholic, and comprehensive; to such an extent that liberal-minded and educated physicians of all shades of views, assenting only to the therapeutic maxim, 'similia similibus curantur,' as the guide in selecting the appropriative drug for specifically impressing diseased tissues, and regarding this as the only manner in which we can attain the power of curing disease by medicines, may be welcomed in its ranks. Let bigotry and intolerance find no abode among us; they have no place in the realm of science. While we may differ with the practitioners of Allopathy, we should treat them neither with bigotry and intolerance, nor with contempt; but, rather with that chivalric courtesy, which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in regard to ourselves and our opponents, 'in certis unitas, in eubiis libertas, in omnibus charitas."

'On the 8th of June, 1870, in an address on 'Liberty of Opinion and Action; a Vital Necessity and a Great Responsibility,' before the American Institute of Homœopathy, then in session at Chicago, a distinguished member of this society, Dr. Carroll Dunham, than whom no truer, more consciencious, able or eloquent champion of Homœopathy lives in this or any other land, gave utterance to the following liberal sentiments: 'I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute every applicant of suitable education and moral standing;' and most happily enforced the principle by quoting the words of the wise Chomel, when it was proposed to deprive the distinguished Tessier of his position as hospital physician on account of his conversation to Homœopathy, as follows: 'Every physician who is thoroughly qualified to practice has the right to select his own mode of treatment, and to judge what is best for his patients, and may not be interfered with unless his results are notoriously bad, or he commit some act of unquestionable malpractice. For,' said he, 'it is only by the exercise of this freedom that changes and improvements have ever been introduced in practice; and therein lies the only hope of further improvements. Tessier, in practicing Homœopathy, has only exercised the same freedom of selection which Bouillaud, and Rayer, and Louis and I have enjoyed; and as his results are as good as ours, we may not interfere with them.'

"On the 7th of June, 1871, the American Institute of Homœopathy, at Philadelphia, unanimously passed the following resolution:

"*Resolved*, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.

"Such are some of the liberal utterances which have emanated from individuals and associations connected with the Homœopathic branch of the Medical Profession.

"Let us now for a moment glance at the sympathetic responses which they have elicited from our brethren of the Allopathic school. For, Mr. President, they are our brethren, engaged with us, though using different methods of attack, in a continual warfare against the common foe.

"In a paper read before the Albany County Medical Society in January, 1871, Dr. C. A. Robertson says: 'I for one am frank to say that I regard the regulation which forbids consultations with Homœopaths as unwise. I cannot but think that we should have treated it (Homœopathy) with gentleness instead of severity; have regarded its claims with appearance, at least of judical consideration, and not with invective and derision; have met its practitioners as well as other practitioners in instructive 'consultation,' instead of standing aloof with lofty self-approbation. We have fought Homœopathy instead of 'hugging it to death;' by opposition instead of destroying it we have dignified it, so that it has hospitals and colleges, as well as the regular profession. I know nothing of their quality, but I would willingly swear they are not inferior to what have come under our observation, where practitioners claim to be 'regular.'

"In August, 1871, Dr. Hopkins, of Buffalo, published in the 'Buffalo Medical and Surgical Journal,' a paper containing the most liberal sentiments, of which the following quotation presents the concluding paragraphs:

"As before stated, the act admitted the homœopathic profession to all the rights and privileges as physicians and surgeons under the acts of 1813 and 1827, and all acts amendatory thereof; thus they became legally authorized practicing physicians and surgeons, and as such are entitled to membership of our county medical societies. This right is positive, and no county society has the power to adopt a by-law which will keep them out if they should make application for admission. The right of legally authorized physicians to membership in county medical societies has been most definitely settled by our courts, and the proceedings to obtain such rights are well understood by many of our members.

"'In view of these facts, what should the regular profession do in the matter? Shall we continue to call ourselves *the* profession, and neither by public act nor private word allow that there is any other? Shall we continue a line of treatment condemned by law and experience—treatment which only makes homœopathy notorious and ourselves disgraceful? or shall we submit gracefully to the laws of the State and public opinion, and proffer the homœopathic profession those amenities which should exist between professional equals? Invite them to their rights in our county medical societies; when called by their patrons, attend with them in consultation; when wished by our patients, ask them to attend in consultation with us. If they have any superior knowledge in the management of disease or the protection of health, our duty to our patrons requires us to avail ourselves of that knowledge. If we possess the greater professional ability, they and their patrons will find it out. If we hold back from this, we may reasonably be charged with having little confidence in our doctrines. If we go into it, I rest my faith upon the 'survival of the fittest.'

"At the recent meeting of the 'Medical Society of the State of New York,' held in this city, Dr. C. B. Coventry, a distinguished member of the Allopathic profession in my own place of residence, and formerly a professor in several of the prominent medical colleges in this State, whose locks are now white with the frosts of many winters, passed in the honorable practice of his profession, who has been always, and as I believe honestly, and conscientiously opposed to Homœopathy, although ever courteous in his intercourse with its practitioners, and still is an adherent of the Allopathic school, submitted a resolution that the delegates from the State Society to the American Medical Association be requested to present an amendment to the constitution of that Association, to the effect that "any person having a diploma or license to practice medicine from any legally authorized institution or society of the State in which he resides, may become a member of the Association on signing the constitution and by-laws"—thus practically carrying out the suggestions of Dr. Hopkins, above alluded to, that regularly qualified physicians, irrespective of their methods of practice, should be invited to their rights in the Allopathic Medical Societies of the state and country. The resolution took the society by surprise and was laid upon the table, and I can only regret that the majority of the members of the society were not animated by the same liberality of sentiment, which actuated the venerable mover of the resolution.

"Such are some of the more recent utterances which evince the growing liberality of sentiment and kindliness of feeling of the members of the two great branches of the Medical profession in this country towards each other, and the palpable tendency towards a coalition of the two schools on some common platform.

"The tendency of medical thought, both in this country and in Europe, renders it no longer doubtful to the observing mind that with adoption of the essential principle of homœopathy, but probably with the rejection of the name, there will ere long be formed a coalition of the more rational and liberal minded members of the two schools. On every side do we find our allopathic brethren practicing more or less in accordance with the principles of homœopathy.

"Those who are familiar with the writings of Drs. Haldane, Anstie, Rogers, Harley and Sydney Ringer in Great Britain, and of Dr. Louis Saurel and other representative thinkers of the allopathic school, of the present age, cannot fail to notice that one by one our principles are being adopted by that school.

"Dr. Louis Saurel, editor of the *Revue Therapeutique du Midi*, thus writes: 'Our incredulity has less to do with the principle of similars, which we consider rational and frequently practicable, than with infinitesimal doses. We can easily believe that certain diseases can be cured, perhaps even the most part, by remedies acting homœopathically, provided that their dose be one appreciable by the senses.'

"Again medicines are now usually prescribed singly and in comparatively small doses. Says Sydney Ringer, the distinguished Professor of Therapeutics in University College, in speaking of the administration of a certain drug: 'It was given alone, as it is only by such a method any exact knowledge of the effects of drugs can be obtained.'

"Recently the proving of medicines on the healthy body has been recommended, and grants of money have been proposed for its accomplishment.

"Thus one by one all the modes of practice for which, during seventy years, we have contended, are now being rapidly adopted.

"Who will deny that, at no distant date, either under the name of the Homœopathic School, or adopting a title, now often used synonymously—that of 'The Modern School of Rational and Liberal Medicine'—we may see the two great branches of the medical profession, for many years estranged and often hostile, united in one solid phalanx, under the ample folds of that banner, unfurled to the gaze of an astonished world by the genius of Samuel Hahnemann, on which, inscribed in letters of living light, are the words, '*similia similibus curantur*,' and, actuated by that philosophic and Christian motto, '*in certis unitas, in dubiis libertas, in omnibus charitas*,' marching onward to the attainment of conquests over disease and death, such as have never yet been depicted in the dreams of the most ardent medical enthusiast? Then will have come the millenium of medicine. God grant a consummation so devoutly to be wished!"

SEVERAL THINGS.

Heavy Suppers.—Supper should be taken about dark, and when the nights are short, about sundown. This will allow sufficient time for the food to digest before retiring. The stomach should have rest at night, as well as the other organs of the body. Heavy suppers distend the stomach, impede respiration, oppress the brain, cause disturbed sleep, horrid dreams, nightmare, and in many cases sudden death. If you would enjoy quiet, refreshing sleep, and avoid disease and sudden death, shun heavy suppers. This meal should consist mostly, of toasted bread, wafers, biscuit, a small quantity of fresh butter with milk or water for drink.

The Way to Health.—The only true way to health is that which common sense dictates to man. Live within the bounds of reason. Eat moderately, drink temporately, avoid excess in anything, and preserve a conscience "void of offense." Some men eat themselves to death, some wear out their lives by indolence, and some by over exertion, others are killed by the doctors, while not a few sink into the grave under the effects of vicious and beastly practices. All the medicines in creation are not worth a farthing to a man who is constantly and habitually violating the laws of his own nature. All the medical science in the world cannot save him from a premature grave. With a suicidal course of conduct, he is planting the seeds of decay in his own constitution, and accelerating the destruction of his own life.

THE EFFECT OF TEA ON THE SKIN.—If you drop a few drops of strong tea upon a peice of iron, a knife blade, for instance, the tannate of iron is formed, which is black. If you mix with iron filings or pulverized iron, you can make a fair article of ink. If you mix it with fresh human blood, it forms with the iron of the blood, the tannate of iron. Take the human skin and let it soak for a time in strong tea, and it will become leather. Now when we remember that the liquids which enter the stomach are rapidly absorbed by the veins and absorbents of the stomach, and enter into the circulation, and are thrown out of the system by the skin, respiration and kidneys, it is probable that a drink so common as tea and so abundantly used, will have some effect. Can it be possible that tannin introduced with so much warm liquor producing prespiration, will have no effect upon the skin? Look at the tea drinkers of Russia, the Chinese, and the old women of America, who have so long continued the habit of drinking strong teas. Are they not dark colored and leather-skinned? When young they were fair complexioned.

FORCED DELIVERY.—T. A. McKinney, M. D. *(Leav. Medical Herald,)* communicates an interesting case of puerperal convulsions, with attending pneumonia, showing the following points of interest: 1st. Forced delivery is not unfrequently the only remedy for puerperal convulsions. 2d. Delivery may be undertaken after the seventh month without danger, when the os is but very little dilated, though there may be no signs of labor near. 3d. Pneumonia, caused possibly by a poisoned state of the blood, may be a complication of puerperal convulsions, though not always a fatal one.

THE USE OF ALCOHOL IN CHRONIC OTTORRHŒA.—A. W. Calhoun, M. D. now of Berlin, Prussia (*Georgia Med. Comp.*) having been sceptical in regard to the beneficial use of pure indiluted alcohol for the cure of uncomplicated chronic purulent otitis, or ottorrhœa, as practiced in the clinic of Dr. Weber, one of the editors of the *Monatschrift fur Ohrenheilkunde*, writes that he has been enabled to follow a number of cases, as they progressed under this treatment from the date of their first entrance into the Clinic till their discharge as cured—and is now thoroughly satisfied of its efficacy, having seen cases of eight and ten year's standing, with destruction of membrana tympani, cured in combaratively short time. The application of undiluted alcohol does not produce intense pain; for a few moments there is a smarting, slightly burning feeling, which gives place to a sensation described by patients as that of an "agreeable warmth." This latter lasts for a considerable time.

DR. GIBSON, senior physician to St. Mary's Hospital, London, in an address on medicine to the British Medical Association, said :—

"Whatever may be the line of treatment adopted for disease, the influence of that treatment on the disease itself is less than the physician is apt to think. The great majority of diseases tend to get well. They have, so to speak, a lifetime of their own, with periods of growth, maturity, and decline. They are the passing tenants of the body which they occupy, often with great injury, for a limited time. Treatment cannot change the nature—cannot expel them at once—cannot quench them—cannot materially shorten or prolong their existence. But treatment can lessen the sufferings of the body occupied by disease, shield it from outer injury, repair its waste and support and re-inforce its powers; while it can ward off those causes that tend to increase or re-awaken the disease, and lessen the intensity of its action especially upon the local structure. To watch, then, the treatment of a disease is to watch not, so to speak, the remedy and its immediate results, but the disease itself, and its behavior during a certain mode of treatment.

"The thoughtful physician while taking note of this or that change in the malady, knows that such change is due mainly to the natural growth of the disease, and does not attribute it to the means which he has employed, unless he have good ground for doing so. Having, however, a complete knowledge of the natural changes through which the disease passes from its beginning to its end, he is able, with something like precision to say that this plan of treatment has prevented the undue development of the disease, and has lessened its evil effects on the body."

SLEEPING TOGETHER.—The *Laws of Life* says: More quarrels arise between brothers, between sisters, between hired girls, between school girls, between clerks in stores, between hired men, between husbands and wives, owing to electrical changes, through which their nervous systems go, by lodging together night after night, under the same bed-clothes, than by any other disturbing cause. There is nothing that will derange the nervous system of a person who is eliminating in nervous force like lying all night in bed with another person who is almost absorbent in nervous force. The absorber will go to sleep and rest, while the eliminator will be tossing and tumbling, restless and nervous, and wake up in the morning fretful, peevish and discouraged. No two persons, no matter who they are, should habitually sleep together. One will thrive and one will lose. This is the law, and in married life it is defied almost universally.

ON THE GROWTH OF THE NAILS AS A MEANS OF PROGNOSIS IN CEREBRAL PARALYSIS.—Dr. S. W. Mitchel (*American Journal of Medical Sciences*) states that he has observed in several cases of paralys is that the nails of the limbs of the affected side, on the occurrence of the accident, ceased to grow. This was proved by staining the roots of the nails with nitric acid. He was able to predict, in seeing after a time a white line of nail making its appearance, and before there were any other signs of improvement, that power was about to return to the limb, and that voluntary motion would shortly be restored.

MANUAL FORCE TO THE UTERUS AS AN ADJUVANT IN LABOR.—Dr. J. H. Grant (*New Orleans Journal of Medicine*) advocates the appplication of physical force to the fundus uteri during labor, and gives the histories of five cases, where in was applied with most manifest influence for good in hastening the birth of the child.

His plan is to apply both hands over the fundus uteri, and exert the force in the longitudinal diameter. In some of these cases the strength of one assistant not being deemed sufficient, the hands of a second person were spread over those of the first, and their united efforts produced the happiest results. Where the pains were insufficient, the physical pressure served to increase them, thus "obviating the use of forceps and turning, except in cases of malposition of the fœtus."

EDITORIAL.

DR. D. H. BECKWITH has been obliged to leave Cleveland on account of the health of his family. He will establish himself at Eaton Rapids, Michigan, on the 1st of May next. Physicians having patients desirous of testing the virtues of those celebrated springs, will do well to put them in the care of the doctor.

THE NEXT MEETING of the American Institute of Homœopathy takes place in Washington. It will, doubtless, attract large numbers of medical men from all parts of the country. Its sessions will probably be marked by some exhibitions of learning and wisdom. But it is too much to expect a total absence of the objectional features that have always crept in and marred its proceedings.

The following litany, if used at its opening, may save no small amount of trouble:

—From bickerings and needless contentions about trifling things, good Lord deliver us.

—From members who have little to say, and many words to say it in, and who desire to say it often, good Lord deliver us.

—From members who know more of parliamentary usages than they do of medical science, and from such as feel moved, to move the "previous question" both in season and out of season, good Lord deliver us.

—From nonsensical provings of nonsensical drugs and from reports on Materia Medica that are burdened with symptoms which outnumber the frogs and lice of Egypt, good Lord deliver us.

—From members seeking personal aggrandizement, and such as would make a pack horse of the Convention, so that their wares and themselves may be carried into noteriety good Lord deliver us.

—From bigotry, ignorance and egotism, from prolixity, asperity, and foolishness, and from much eating, drinking and carousing, good Lord deliver us.

To these may be added each day any new follies that any member may be so unfortunate as to have perpetrated the day previous, and recited with the opening prayer of every morning.

IMPORTANT ANNOUNCEMENT.—The faculty of the Cleveland Homœopathic Hospital College, have just succeeded in selling out their college property on the Heights. That property was purchased four years ago with the expectation that the growth of the city in that direction, would soon place the college within the geographical centre of the city boundaries, and that pavements and street railroads would soon make it of easy access from the central places of business.

In order to obviate the objectionable points of distance and inaccessibility, the faculty have now purchased the well known Plymouth property on Prospect street, at an expense of $20,000. The building having been erected and used for public purposes is perfectly adapted—baring a few slight changes,—to all college purposes. The lecture rooms are ample, the dispensing rooms convenient and easily reached from the more thickly settled parts of the city.

The Hospital Department is being moved into new quarters on the east side, and will continue to afford students all needed clinical advantages. These facts afford us great gratification, and will awaken a new interest in the welfare of the Cleveland School.

PERSONAL.—Dr. L. D. Morse has settled in Memphis. Dr. Gustave Eberlin, a young man of great promise, and lately a student of the Cleveland Homœopathic College, died April 11.

Dr. S. J. Adams has formed a copartnership with Dr. Fuller at Pontiac, Mich.

Dr. S. J. Hill was united in marriage to Anna A. Sowles, M. D., in January last. Both are graduates of the Cleveland School, and we believe they will constitute a medical firm that will honor the school and the cause.

Dr. G. E. Swan has settled in Tiffin O.

Dr. E. V. Van Norman is at Springfield O.

GRADUATES, HAHNEMANN MEDICAL COLLEGE.—Charles Adams, Alex M. Cheek, Miss A. A. Cowell, Miss L. A Cowell, Jacob Dal, M. M. Dodge, H. Foster, J. B. Herbert, Horatio Keeler, N. H. Lowrey, E. Mussina, Peter Nelson, Miss L. E. Stearns, Mrs. E. W. Taylor, and F. S. Whitman, Illinois; E. F. Brow, S. M. Fowler and Ezra Smith, Michigan; H. P. Batton and Emlen Lewis, Nebraska; D. W. Carlson, S. E. Hassell, Mrs. M. Hurlburt R. C. Sabin, and F. W. Spencer, Wisconsin; Mrs. M. N. Johnson, New York; S. A. Moore, Henry Wessel, and John R Young, Iowa; Clinton Munson, California; J. W. Weis, Missouri, T. J. Peter, New York.

NOTICES OF NEW BOOKS, &c.

Our readers will take notice that our book table for this month is unsually full of good things. It must be that the medical profession is shifting its ground. Heretofore experience was the test of wisdom. A medical man of gray hairs was upon bare assumption allowed to posess no end of knowledge, even if he had failed to look into a book since the day he graduated. Now, no test will stand like book knowledge; acquaintance with books, especially new books, is now considered quite indispensable. Hence, the market is crowded with numberless new and valuable works, a few samples of which we present our readers, believing they will find them all, and more than we state them to be.

WUNDERLICH'S MEDICAL THERMOMETRY. By Edward Seguine, M.D. Wm. Wood & Co., New York. For sixteen years, Prof. Wunderlich, in charge of the large general hospital at Leipsig, has given special attention to the subject of temperature as connected with disease. This book, though unpretentious in size and character, is the fruit of the long and careful observations made by Prof. W. and his able assistants. It is needless to say that it is almost the only work of the kind extant, and such as it is will afford the practitioner the fullest possible information upon the subject that can be furnished at this time. We have made extracts from the work and our readers can judge of its value.

VALEDICTORY ADDRESS, BY F. A. LORD, M. D., HAHNEMAMN MEDICAL COLLEGE, WITH THE PRESIDENT'S ADDRESS.—We are pleased to notice this effort of Dr. Lord, which, though not original nor striking, is fortunately not over-burdened with platitudes. It is pleasing and readable, and moderately inspiring, and does credit to the modest and clear-headed author. The "Remarks" of the President, Dr. Small, we can most heartily commend.

WORKS OF SIR JAS. Y. SIMPSON—ANÆSTHESIA, HOSPITALISM, &C.—D. APPLETON & CO.—This work forms a most valuable collection of some of the best writings of the gifted and lamented Simpson. His discovery and defence of anæsthesia, especially his triumphant vindication of its use in labor—and his unanswerable demonstration of the evils of hospitalism will stand as indestructable monuments of his genius. This collection will have much more than a professional interest and value. The scientist and humanitarian will find in it a large amount of matter worthy of careful perusal. The chapter on Hermaphroditism will form a permanent addition of value to medical literature. For sale by L. H. Witte & Cobb & Co.

SMALL POX—THE PREDISPOSING CONDITIONS AND THEIR PREVENTION—BY DR. CARL BOTH—ALEXANDER MOORE, BOSTON.—This pamphlet will be sure to attract attention. It professes to hold forth some curious and original views upon the subject. The idea, in short, is that small-pox is caused by too much albumen in the blood, and he argues from a chemical stand-point that the remedy is salt, or more strictly the introduction of all the salts, so as to bring them into due proportion with the albumen. This may be sound pathology and reliable therapeutics, but it smacks so much of the usual logic of the physiological school that we prefer to wait.

SKIN DISEASES—BY TILBURY FOX—WM. WOOD & CO.—The only evidence we have of the value of this work is that it was stolen about as soon as it was laid on our table. The thief is a person of undoubted good taste, and notwithstanding his or her evidently bad morals, we trust he or she may not have as a punishment all the diseases so graphically described in the book.

LAKE SIDE MONTHLY, CHICAGO.—The number for May 1872 comes to us with an able article on *Hysteria*, by Dr. R. Ludlam. The idea of popularizing such subjects is capital. We suggest a continuation of the same

PLAIN TALK ABOUT INSANITY, &C.—BY T. W. FISHER, M. D., BOSTON—ALEXANDER MOORE.—A book like this, limited to less than a hundred pages, can hardly be expected to offer an exhaustive discussion of so prolific a theme as Insanity. The reader will, however, be surprised at the amount of practical matter included in it. The author speaks to the point in discoursing upon the Causes, Forms, Symptoms and Treatment of Insanity. The book is an excellent one for the general practitioner requiring something clear and concise upon this vexed subject. For sale by Cobb & Co., and L. H. Witte.

THE JOURNAL OF PSYCHOLOGICAL MEDICINE, NEW YORK.—The last number contains among other good things, a very readable article on "Booth's Hamlet." The department of "Contemporary Literature" is growing very perceptibly better in its criticisms of new works.

FRANKLIN'S WORK ON SURGERY, VOL II, is announced in press, and will be issued in two parts by J. W. Munson, 409 Locust street St. Louis. This will be hailed with pleasure by all the profession.

THE GYNÆCOLOGICAL JOURNAL, BOSTON,—is always fresh and suggestive, besides being full of information in gynæcological matters.

NEW EXCHANGES.—*Round's Printer's Cabinet*, Chicago Ill. *Pacific Journal of Health*, San Francisco. *American Farmers Advocate.* These are new comers and welcome. The *Health Journal* is under good homœopathic influence, and we hope it may prosper.

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ANNUAL ADDRESS.*

BY T. P. WILSON, M. D.

LADIES AND GENTLEMEN.—*Members of the Homœopathic Medical Society:*—Custom demands that I should detain you a moment at this stage of your deliberation, in order to present such suggestions as may seem pertinent to the occasion.

I gladly recognize in you, the honored representative body of the medical profession of the State of Ohio. I congratulate you upon the pleasure of holding this your eighth annual session in this beautiful and rising city of the West. You cannot fail to be inspired to noble deeds by what you here behold yourselves surrounded. The wonders of Aladdin's Lamp become common place, amid the scenes of growth and development that show the rise and progress of private, social, and commercial interests in this youthful city, whose triple sceptre marks her extending power over land and river and lake. And coming as you thus do into the domain of thrift and energy, where success is unparalleled, where enterprise is irresistable, where nature in her grosser and material forms, offers no obstacles that money and brains, linked to genius, cannot and have not overcome. I say coming into such a place as this, it is well that you bear in your hands the banner that is marked by the magical words of *Medical Progress.*

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*Delivered before the Homœopathic Medical Society of Ohio, at Toledo, May 12, 1872.

It is well that you have not assembled here, as representatives of obsolete ideas and practices. It is well that you have something to recommend you better than a few musty and tattered heir-looms, that may have unfortunately descended to you, from a dead and buried past. The corners of the earth cannot hide you away from the eyes and ears of the great outside world. The clicking type will instantly incarnate your thoughts, and the babbling press will repeat your words abroad.

The expectant public will await your action. Merchants, lawyers, artizans, all classes of citizens in short, will look with interest upon your deliberations. And mark me, they will not be long in finding out how much you have caught of the true spirit of the nineteenth century. And this is just the point I beg you candidly and earnestly to consider.

If you have come here fettered by prejudice, bending under the weight of human authority, shackled by self-imposed rules; if in your actions you seem to be in mortal fear of the shadows of your ancestors; if you travel on all grounds of debate as though they were strewn with the fragile bones of your forefathers; if caste and Mrs. Grundy hold over you the lash and rein of tyranny, you cannot I assure you, hope to win the lasting respect of this community, whose members are marked for their bold and independent modes of thought and action. Not in the west where cities rise like magic, where snowy fleets and burdened trains, come and go, and go and come, like countless swarms of bees, ladened, and searching to be ladened with honey; not here where christian churches, and public schools, and amply endowed colleges, mark every pleasant site with their tall spires and ample halls and grand colonnades; not here can you meet to chatter like magpies, or gabble like a company of apes, and so succeed in passing yourselves off, as men well and wisely learned in the modern art of healing.

If you have come here to speak of truth in a bated breath, if you shall presume to stifle one solitary earnest cry for knowledge; if like some of your predecessors and contemporaries you shall dare to bind human liberty in any of its forms of expressions; if upon the one hand you deny the right of investigation, and upon the other deny the right of an untrammeled declaration of opinion, then you must expect to become the laughing stock of the community if not of the world, and the future will, if the present does not set upon you the seal of its disapprobation. The world looks to find you worthy of its honor and applause. But, brooding over the memory of the past, delving for authority and rule of action amid the dusty tomes of antiquity, groping amid the deep dark shadows of former times for practical instruction no more accord with the true spirit of the medical science of to-day, than do they with the modern sciences of Astronomy, Geology, and Chemistry; or the modern arts of engineering, architecture, navigation and war. It isn't true, and the witty poet knew it was not, when he said, that,

> "People want their doctors mouldy
> Like their cheese."

Medicine, like other departments of science and art, has to put up with imperfect agencies. We cannot furnish the world a profession wholly college bred and thoroughly cultured. We cannot all be deeply learned, or book wise, or greatly versed in experience. But, there is not a man or woman among us, who cannot keep himself or herself, thoroughly, fully abreast the times. We can all of us labor to keep the school we have the honor to represent *en rapport* with the present age. For when we have allowed the Homœopathic School to become like some of its predecessors and contemporaries, outstripped by the progress of events, by the march of science, then it will be time to have it laid on the shelf. It may be safe for others to vaunt their hereditary titles in the face of a long suffering and charitable public; it may do for others to rest easily in the assurance, that they have an ancient and notable (if not wholly honorable) history, such as will secure to them present success, and future glory; but such things will never do for us.

Our title deed to the past, and all that may be gathered out of its abundant lap, cannot be successfully disputed. From Esculapius, down to the last successful candidate, who got his wrinkled parchment from a medical college, we hold an unbroken history. We stand here, to day, indisolubly linked to the art of healing as it has been in every age and clime. That we are denied these things, proves only, that our claims made good, will extinguish the last title to the respect of the world, held by those who make the denial. I say then, we share with all, the honors, wealth and wisdom of the past.

But, why should we trick out ourselves in such cheap adornments as these? What sort of logic is that we use in trying to prove what we are, by showing what our fathers were? Sir Charles Dilke says, of certain effete English aristocracy, that make much ado about their lineage, that they are like certain kinds of vegetables, the better parts of which are under ground.

Must we prate of our ancestry, and the legality of our succession, until the world becomes at last convinced that the better part of our profession is under ground?

I tell you ladies and gentlemen, that as medical men and women, we have no valid patent, showing our claim upon the respect and patronage of the world, except such as arises out of our relations to the demands and responsibilities of the present day and hour. To be sure it is not for us to ignore the past. We should not be so unwise, or ungrateful, as to deny or belittle our obligations to history. But it is not for us to hew out of it senseless idols, and then offer to them still more senseless worship. Rather let us hew out of the history of the past, square and solid stepping stones upon which we may safely place our feet, and so rise to the possession and enjoyment of newer and more vital and practical truths.

Why should we repeat the errors of our predecessors? Did we but read aright the lessons of medical history.

> "From many a folly it would free us,
> And foolish notion."

Especially would it teach us the vanity of all assumptions of perfection. It would prevent our setting up a standard of theory and practice, and proclaiming it unchangeable as the laws of the Medes and Persians. It would prevent our asserting that at the most our art could be improved only in certain particulars, and that too only in a certain way, and only by certain officially recognized agencies. In every age men have planted themselves upon definite and supposably secure grounds of faith. But every succeeding age with its incoming tide of increasing knowledge, and accumulated facts has ruthlessly swept away those foundations, and they who stood upon them are left as laughing stock, or objects of pity for succeeding generations.

The stability of the universe is an accepted axiom with unlettered and unphilosophic minds. Those who have not delved into the mysteries of nature can see movement, only in forms that are gross, such as appeal strongly to the touch and the unaided sight; while on the other hand, the enlightened intellect notes with ease those grand movemements of the universe that are marked by parallexes evolved out of centuries, and molecular changes that are revealed only by the microscope or delicate chemical test. And the same facts are obtained in all departments of life. Theology, law, politics and medicine are held as possible in certain forms only, with most astonishing tenacity. The adherents of these various systems scornfully deny all evidences of change; past, present, and future, are all the same to their myopic eyes; the less they know, the more unalterably are they fixed in their chosen opinion. What this has to do with the homœopathic system of medicine must be apparent upon a few moments reflection. With less than a century of history that may be said to belong exclusively to our medical school, we are in danger of serious obstruction from men who seek to petrify, and crystalize, and fossilize us.

The men who manage our national medical body, have taken care to abolish an important office, lest some one in conscientiously discharging the duties of that office, should exercise freedom and originality in expression of his views. In a few days you will see the honored, and honorable President of that body, a man thrice worthy to hold the office, standing to deliver his annual address under strict injunction, to confine himself within certain prescribed limits, lest he should utter a supposed heresy. And some of our medical Journals are as careful to exclude correspondence tinctured with latitude, as though they were court Journals to some absolute mônarchy. And I may go further, and charge it upon our medical colleges, that the professors thereof, instruct their classes in a manner most objectionably dogmatic, impressing upon the mind of the student the the need and necessity of accepting in all its totality, the unalterable truthfulness of their teachings, and while they declare as their motto: *in dubiis libertas; in omnibus charitas*, yet send out their students filled with the utmost contempt if not hatred, towards every medical man who does not happen to use their favorite dilution. So also we have a class of practitioners who pride themselves upon their purity in practice, upon their strict adhesion to the teachings of the fathers and their undisguised disdain of everything that savors of irregularity.

These parties cannot comprehend the fact that the accepted truth of yesterday may have become the demonstrated error of to-day; and that to-morrow, the world may have outgrown its present garments, however well those garments may fit and adorn it now. Why, no fact can be plainer than this, that while we deny ourselves as held by any encumbering mortgage to the past, we are equally destitute of any certain lien upon the future; of that which is past, we ought to say, let the dead bury the dead, of that which is to come say, let the the things of to-morrow take care of themselves. Our chief concern is our duty to the age and hour in which we live. To be sure it is not wise in us to be unmindful of future ages, but we can in no way so surely secure the future as by a conscienscious fidelity to the present. That the future will, however, be no more hampered by an allegiance to us as its predecessors, than are we to the past or by any fancied claim of our ancestors. The future will, and must stand upon its own merits, and it is idle for us to suppose that what we plan and build to-day, must stand through all coming time. Those who expect the world is soon going to be destroyed, may imagine that civilization has ripened well nigh into perfection. It is natural for them to suppose that matters social, religious, political and medical have reached the acme of developement, or possibly some of them the depths of infamy, so there can be no further need of matters continuing as they are or getting any worse. But to those who comprehend the vastness of the orbit through which the universe swings in her path of destiny, we seem to be yet standing in the morning dawn of creation. From whatever time we may count the world's origin, whether from the Biblical record, running back only some six thousand years, or from that uncertain and more remote age, toward which science steadily points as the birth time of our fair earth, as the time when she lay rude and naked in the lap of Evolution, it seems still true that we have reached but the beginning of the end.

Who does not know that much of the past lies buried in forgetfulness. The little that remains to us in the annals of history is instrinsically of no more value than the major part, which is forever lost. And what do we know of the world's great future? Who hath prophetic eyes that he may scan it? The most unbridled imagination of an hundred years ago would have failed to place us in the position we occupy to-day; and, if a brief century can so eclipse our brightest dreams, what may not result when a score of centuries shall have traced their marvelous history over the fair face of the universe.

There are a multitude of human minds whose religion is chiefly a blind worship of the past. They offer a vain and ceaseless sacrifice at the crumbling altars of antiquity. Another class of minds not less numerous than the former, are ever looking forward to the future as the goal of their cherished hopes. Either in the coming ages of the world, or oftener in the endless existence of the great Beyond, lies the grand consummation of their lives. To the one class, the present is but the rude germ of what is yet to be, and to the other class, it is but the faded and tattered remnant of former glory.

It seems needless to emphasize such exhibitions of folly and madness. To live and act influenced by such views, can be none other than a base betrayal of the sacred duties Heaven has placed in our hands. We have, doubtless, been placed here for high and noble purposes. But we illy accomplish our mission when we spend our time lamenting that which is forever perished, or idly gloating over that which may never have an existence. We must act for the living present. The duties we owe this day and hour are paramount. Our absolute allegiance is due, the omnipresent NOW.

And if you ask me what this has to do with medical science or the duties of this convention, I am free to say much every way. You cannot estimate the evil that is entailed upon the medical profession by this senseless subjection to things that are past. Hero worship and creed worship hold in their iron hands many a noble soul; and this is the rule of action they follow: What said the Fathers? Even so say we. Their golden motto is, What has been *is*, and what *is* must forever remain.

Now, fortunately, in spite of all these things, the world does move. Every department of human thought steadily shifts its ground of occupancy as it rises into newer and grander phases of developement. If medical men would only recognize this fact, if they would emancipate themselves from this slavish deference, this base servility to the past, they might hope to keep pace with the worlds general tide of progress. I believe the Homœopathic school, is to day the highest exponent reached in the development of medical science. How long it may remain so, depends not upon its dogged adherence to prescribed rules of belief and practice, not upon a spirit of exclusiveness that shall shut out all free spirit of enquiry, all new ideas that may trench upon old ideas, and all changes that may seem to be innovation. We are all in search of the truth. The little we have, seems small in comparison with the greater part, which we have not yet obtained; and we can never tell beforehand from whence the next revelation of truth may come.

I will not venture to detain you with further considerations of this sort. If what I have presented, possesses in any degree the importance I have assumed, that fact will be sufficiently obvious without further discussion. I heartily thank you for the patient hearing you have kindly bestowed, and trust that we may enter upon the duties of this convention, in a spirit of earnest kindness and forbearance worthy of the objects of our association.

UTERINE DISEASES.

BY WM. R. M'LAREN, M. D.

WHITHER are we drifting, is a problem that great minds are daily striving to solve. The same may be asked in reference to uterine diseases. One physician rides his hobby disease in the latest and most fashionable garments, and he finds—ulceration—always, in season and out of season. Another physician, with the gravity of a philosopher, sees—tumor—in every case. Another, if there is some irregularity in menstruating, sees displacement. A lady under my care for what might be called "irritable heart," accompanied a friend to one of our leading hospitals to see an old acquaintance; not feeling very well, having walked four blocks, the physician in charge said he knew she had womb disease and that he thought it was ulceration. Yielding to the entreaties of her friend, who was intimately acquainted with the physician, an examination was made and he volunteered to treat her at her home, once a week, for ulceration.

On my next visit I was informed of this and made an examination; found what I told her I expected to find, a healthy condition. There are those in the profession, who having heard a lady tell all her symptoms, say that they have cases quite similar, that they make a "specialty of diseases of women." A gentleman once remarked to me whose wife has been treated by six different physicians without experiencing any benefit, "How is it you doctors all say you make a specialty of diseases of women?" Each one would make some such remark of his predecessor; he did not treat the case scientifically; he was too young, what does he know about such diseases, etc. Feeling indignant towards the profession, he remarked that if the next doctor should say that he made a specialty of the diseases of women, that he would look on him as a quack and show him the door.

Specialists are needed in all branches, that the general practitioner may have some one to look to for counsel. If I rightly interpret the term "specialist," the general practitioner cannot in truth say he makes a specialty of any disease. Some physicians go it in a wholesale way, making a specialty of "chronic diseases." A specialist is one who devotes himself to a specialty; diseases of particular parts.

In order to gain popularity in a community, how often do we hear that such a doctor says he makes a specialty of diseases common to women. Shame on such deception; shame on such unmanly, unprofessional conduct, prompted by a desire for money and a popularity that will soon pass away. In my practice I make every disease the burden of special study, reviewing the old authors, and best of all the modern writers, among whom are so many young men of brilliant minds. Also the journals (including yours, for which please find my subscription.)

Who would wonder if women would consent to drag out the miserable existence brought to by their many diseases, rather than to be the dupes of such villainous deception, and say from all such "Good Lord deliver us."

A terrible judgment awaits the physician who is guilty. If physicians do not see their error in this respect it is to be hoped that God will meet them with a conviction that will in all time protect our women from such deception. A case in point: I was summoned hastily to the bedside of a most estimable lady, who was flowing profusely, which I controlled with the tampon and Erigeron 3d. In the morning I called, when I learned the following: Her physician said he made a specialty of the diseases of women and on making an examination said she had ulceration of the cervical canal, and made an application once a week. I made an examination, but could not detect any ulceration. On passing the probe through the os internum, I detected a small polypus which was attached near the inner os, and on withdrawing the probe, blood followed. I immediately introduced a good sized sponge tent, and in the evening introduced another, when I seized the polypus with my forceps and pulled it through the os. Ascertaining with certainty the point of attachment, I twisted it off. This was followed by some hemorrhage, which was controlled by a sponge saturated in cold water. I gave her China 3d and a good generous diet. This woman was cured from that time, and has not had any return of the hemorrhage.

In my association with a dispensary I treated a great many cases of uterine disease. Some results were exceedingly gratifying, while many, perhaps from the fact that they were among a class of people that I could not control, were failures. This does not warrant me in claiming for myself "specialist." I do not claim any superiority, but I do claim that it should be beneath the dignity of any physician to force or introduce himself into any community through such a channel.

Close application, the making of every case a special study. Note down your experience; compare it with that of others. Keep up with the times, and do not reject a new theory because you have never tried it, and Iam sure you will not need to wedge yourself into a community by insinuating that you make the diseases peculiar to women a specialty, and if you do not what you say, I hope for your own good and for the welfare and happiness of our good women that some kind friend may do you an act of justice and humanity by showing you the first train out.

"By their fruits ye shall know them," and doctors are not excepted.

HUSBANDS AND WIVES.

BY SARA B. CHASE M. D.

Dr. Susan Everett has brought before the thinking people of our land, both men and women, a subject which it will be well for us candidly to consider: "If a girl's chance for living is always a little better than a boy's, how does it happen that the men of our country outlive from one to six wives?" In other words, among the married of both sexes, why is the ratio of mortality so much greater with women than men?

If we enter into a critical study of the works of Nature, and the laws by which they are governed, we see the unmistakable marks of design stamped upon every thing, a perfect and wonderful adaptation of every minute organism to the function it was designed to perform. (Every thing moves harmoniously and with exactness, so long as the laws which control its movements are not interrupted.)

Now the question arises: In the creation of woman, what function was she designed to perform? Manifestly that of maternity, as revealed in her peculiar organism. If so, child-bearing must be a natural process, and the function, when performed in accordance with the laws of Nature, cannot be one of disease and pain. Under the existing state of things, however, one of the three following propositions must be true:

1. The great Designer has made a mistake, and failed to adapt the organism of woman to the performance of this function; or,

2. He has made, in this single instance, an exception to the laws which govern every other particle of his created universe; or,

3. The fault rests solely with the human family.

The first proposition would charge the Creator with ignorance, the second with injustice and cruelty, and we are consequently forced to accept the third proposition as the true one. Woman, therefore, in a state of natural perfectness is eminently fitted for the performance of the office of maternity, which without question was the manifest design of Nature in her creation; and the suffering and woe, the misery and pain which so universally attend this natural process must be chargeable to the interruption or violation of the laws by which her organism is governed. The performance of this function in its very nature involves marriage, which in its scientific consideration implies the union of the male and female elements, whether in the animal or the vegetable kingdom. Marriage must, therefore, be as natural as maternity, and in its very nature should elevate, strengthen, renew, invigorate. The freshness and bloom of youth should combine with the maturity of riper years to render the being *in* marriage more nearly perfect than out of it.

Thus it is in the vegetable world—the impregnated blossom remains longer upon its stem, retains its freshness for a longer period—in fact, celebrates its nuptials by beauty and life, rather than death. Alas! with the highest work of God's creative hand, the *opposite* only is true. With marriage, the sufferings of most women commence. She who should now realize the highest conceptions of her spiritual and physical nature, is almost universally forced to the humiliating conviction that marriage has robbed her of her charms, whilst her maiden sister lives on with little of change to mark the cycle of recurring years.

Is the husband also in marriage divested of strength, energy, and those noble qualities which render him preeminently the perfection of creative wisdom? We see that quite the contrary is true. Now, in view of this wide disparity in the results of marriage upon the two sexes, we are led to inquire, With whom does the fault rest? Is *man alone* responsible for the despoilment of beauty, the broken constitution, the shattered health; nay, the death of his wife?—and is woman the innocent victim of the cruelty of her lord?

I am not inclined to take this view of the subject. We know that women frequently "break down" rapidly after marriage, but do these women bring to marriage the perfection of organization that man does? Do they lay upon the altar of this holy sacrament gifts worthy? Many a maiden comes to marriage in the freshness and beauty of her youth, but with elements of decay and death in her physical system, implanted there by inheritance or false education, and the violation of the laws of her being by unphysiological practices, from childhood to the present time; and these are called into exercise upon entering the marriage state, for from the very nature of things the demands now made upon her are necessarily of such a nature that the most robust health, the most vigorous constitution is required in order to enable her to perform them properly. And if in her physical imperfection, inherited or self-induced, her system yields under the *natural* demands which marriage imposes, shall we censure the bereaved and sorrowing husband who is so unfortunate as to have his hopes blasted by taking to his bosom the semblance only, when he vainly sought and fondly trusted that he had secured perfection? Or shall we rather bemoan the fact that American womanhood is so far physically degenerated that marriage and maternity are sacraments which she is no longer competent to fulfil? It is a notable and humiliating truth, that not one in a hundred of the ladies in our land, either married or of marriageable age, can be denominated *healthy*, and yet from these must come the wives and mothers; and men are left the alternative to choose as best they can out of the material within their reach, or remain unmarried. What wonder then that he outlives, oftentimes, more than one of these frail creatures? Let the race in life be started upon equal vantage ground, and then we may term it "inartistic" for men to outlive their wives more frequently than women do their husbands.

But we will take a still deeper view of the subject. Notwithstanding the conclusion that marriage is in itself a natural condition of the male and the female, and therefore unattended by premature decay, and upon the *hypothesis* that in this marriage state the habits of life are in strict accordance with the manifest laws of their being, we have seen that we have still more fruitful source of decay in woman than man (not by nature ordained so, however,) and therefore we must necessarily expect the deaths of more wives than husbands.

But lifting the curtain of married life as it exists, and finding it beclouded with evils, the outgrowth of abnormally developed and, therefore, perverted propensities, it need not be a matter of surprise that the seeds of decay already planted find fitting soil for their nourishment and growth.

Humanity has grown up under the ban of certain theories—relics of barbarism—by which we have been educated into false views of the privileges which the marital rite grants, and the obligations which it imposes, and these privileges of the husband and obligations of the wife, so universally and unthoughtedly conceded, have rendered marriage everything but the pure and beautiful sacrament which Nature ordained it to be.

To the carrying out of these time-honored, custom-sanctioned, yet unnatural theories must be attributed not only much of the domestic infelicities, "spiritual uncongenialities," and inharmonies to be met with among the married, but also very much of the physical suffering and diseases to which married women are subjected. It is evident from the nature of woman that these obligations are artificially imposed, from the fact that her physical nature neither demands nor endures without injury, the fulfilment of these obligations.

The conclusion is therefore forced upon us, that either polygamy is the normal condition of mankind, or that God designed man to be controlled in his animal nature by the supremacy of his intellect, and that the spiritual should hold the corporeal in subjection to the domain of reason. It is a well known law in physiology, that any organ of the body is strengthened and developed by use, and so with the mind, those faculties most frequently and intensely brought into exercise are the ones that become the most predominant; and they may be so developed as to tyrannize and hold in subjection all the other powers of the mind.

Now the direct tendency of all those false theories which grant to man unnatural "privileges" as his birthright, inherent in his very manhood, is to cultivate and abnormally develop that very class of faculties the exercise of which is productive of untold misery, disease and death to woman, who is also taught by this same public sentiment, that her *obligations* are ever commensurate with the demands made upon her by her husband, howsoever unnatural and excessive, and however much her own violated nature may revolt. If this evil were eradicated from human society and woman was universally granted the "*right*," which is never violated among the lower orders of creation, marriage would soon become the glorious ideal of earthly blessedness, the continual foretaste of the beatific joys of Paradise.

How sadly does humanity fail of reaching that state of perfection which must come some time in the future, wherein the natural promptings of unperverted purity shall take the place of willing obedience to the blind demands of beclouded immagination, and wherein the purity of woman shall be as sacred and inviolate in wedlock as out of it, and man shall protect rather than despoil, cherish rather than crush.

In the treatment of this subject, we do not propose to consider those violations of personal freedom which should rightfully come within the cognizance of civil law, inasmuch as brutality, violence, possession, ownership, in the legal sense, are not elements of loving wedlock, but when unnatural demands come to the wife in the form of persuasion and the caresses of acknowledged and undoubted affection, and she yields her birthright from a desire to contribute to the happiness and (as she imagines) the well being of her loved one, there is no law but the law of reason to which she may appeal. The only remedy, therefore, which can reach this perverted moral sense of society is the dissemination of physiological and psychological truth, revealed in the critical study of the physical and spiritual natures of man and woman, considered separately and conjointly.

And I am glad that Dr. Everett has laid this subject open for discussion, inasmuch as there is no other question with which the well being and perpetuity of the marriage relation is so intimately connected, and upon which such universal ignorance and misapprehension prevails; and until these great natural laws are understood and obeyed, we must continue to see woman the blind and willing victim and man the loving and unconscious yet certain destroyer.—*Herald of Health.*

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

TOLEDO, O. May 14th, 1872.

THE Eighth Annual Session convened in Odeon Hall at 10 o'clock, Dr. T. P. Wilson of Cleveland in the chair. Prayer was offered by Rev. W. W. Williams of Toledo. The report of the Treasurer was presented. In the absence of the Treasurer Dr. J. B. Owens was chosen Treasurer *pro tem.*

The Secretary presented his report, recommending that a special committee be appointed to consider the advisability of publishing the papers and proceedings of county and local societies with the proceedings of the State Society under certain conditions. On motion the report was adopted.

The following delegates were then reported and received:

Dr. Wm. Rowsey, from the Lucas County Society, Dr. J. C. Sanders, from the Homœopathic Hospital College at Cleveland, Dr. N. Schneider, from Homœopathic Hospital of Cleveland, Dr. A. Shepherd, from Montgomery County Society, Dr. M. H. Slosson, from the Hamilton County Medical Society.

Dr. Buck, from the Board of Censors reported the following applications for membership, and recommended that they be elected members.

Chas. Morrill, M. D., Cleveland, Ed. Ulrich, M. D., Cleveland, G. W. Moore, M. D., Tontogany, G. O.

Spencer, M. D., Salem, Z. E. Walters, M. D., Marietta, E. M. Goodwin, M. D., Toledo, W. B. Van Norman, M. D.. Clyde, J. W. Failing, M. D., Fremont, E. P. Gaylord, M. D., Toledo, W. P. Rowsey, M. D., Toledo. A. E. Scheble, M. D., Toledo, E. P. Goucher, M. D., Alliance, S. G. Graves, M. D., Greenville, W. H. Parmalee, M. D. Toledo, J. Pettet, M. D., Cleveland, Wm. Knoff, M. D., Primrose, R. N. McConnell, M. D. Upper Sandusky, R. B. House, M. D., Toledo, J. M. Diller, M. D., Ashland, J. B. Massey, M. D. Sandusky.

On motion of Dr. Pulte, the Secretary was authorized to restore to membership those persons whose names had been stricken from the roll for non-payment of dues, whenever such dues shall be paid.

Dr. A. C. Barlow, President of the Lucas County Society, then delivered the following address of welcome:

Mr President and Members of the Homœopothic Medical Society of Ohio:

As presiding officer of the Lucas County Homœopathic Medical Society, it is made my duty and is also a pleasure to welcome you on this, the eighth anniversary of your Society.

We greet you as professional brethren and members of an organiaztion, kindred in purpose with our own. We bid you welcome to this opportunity of exchange of professional views and information, and with new and renewed acquaintance with each other.

We welcome you to whatever of rest and recreation may be obtained, in thus turning aside from your ordinary routine of duties at home, to engage in such exercises as await you here.

At our solicitation, you have consented to hold this anniversary at a point somewhat remote from the geographical center of the State, but we hope that you will find no occasion to regret having done so.

We welcome you to Northwestern Ohio, a comparatively newly-settled and undeveloped region of our State. We welcome you to Toledo, our young, busy, and unfinished city.

Finally, and what is more to your purpose at this hour, we welcome you to this hall which we have provided and now place at your service for this occasion, hoping that your sojourn in our city may be pleasant, and that your deliberations may prove a mutual benefit to you and to us and conduce in every way to the aims and purposes of your organization.

THE RESPONSE.

The address was received with applause, and Dr. Pulte, of Cincinnati was called upon by the President to reply. He would say that in coming to Toledo, the members had not been disappointed. Toledo was the only rival of Chicago, except Cleveland, the home of the President himself. He had no doubt it would continue to grow and that it would be peopled by intelligent people, and blessed with able and learned physicians.

The President then delivered his annual address, (see present number), at the conclusion of which, on motion of Dr. Pulte, a vote of thanks was tendered him for his very able address.

Adjourned till 2 P. M.

AFTERNOON SESSION.

In the absence of the President and Vice Presidents, the meeting was called to order by the Secretary, and Dr. J. D. Buck chosen chairman *pro tem.*

DR. PULTE, from Committee on Clinical Medicine read a report on the general subject of Clinical Medicine, which, on motion was accepted and placed on file.

DR. WEBSTER then read a report on Cerebro Spinal Meningitis.

Dr. PULTE called attention to the use of Nitrate of Silver in the treatment of this disease. He used it in the sixth potency. He also remarked that some difficulty was experienced in the diagnosis, especially in the first stages; but there was one symptom which was a sure guide, viz: when the big toe turns in, you have to do with a case of Cerebro Spinal Meningitis.

Dr. Webster said he generally used the second and third potencies with the exception of Aconite which he used in the first protency, repeating the dose every three or four hours.

Dr. Owen asked what success had been met with in the use of Belladonna.

Dr. Webster had had ten cases, and all recovered. He used Aconite, Belladonna, Arsenicum, and Ipecac.

Dr. Lungren asked if spots were present in all these cases.

Dr. Webster. No, sir. In only seven of the ten cases.

Dr. Lungren had some cases recently. They were generally taken with a chill and vomiting. One case died in about thirty-six hours, another lasted twenty-two days. They had the other symptoms, pain in the head extending in to the spine, and pain in the knees. The pain in the knees was present in every case. He had had about seven cases; had used Rhus. tox. with good effect.

Dr. Owen had had several cases. They were all taken suddenly, the first symptom of any sickness being a spasm, head drawn back, and spots appearing at the same time. He thought the higher potencies were better than the low; had used the two hundredths with good effect. The longer a patient remained in the convulsion, the more severe the disease and more difficult of control.

Dr. Buck said, "We very frequently, in reports on Clinical Medicine, find certain number of cases of some malignant disease and all cured. I may have been unfortunate in the cases that have fallen to me in having exceedingly malignant cases or in having given them poor treatment. I think we should be informed of the degree of malignancy as far as possible. I saw two cases of Scarlatina during the last winter, both of them died. One was sick about forty-eight hours, the other five or six days. The disease was so violently malignant from the inception that death would seem to be there long before the doctor. When I hear cases of this kind reported, I want to know the degree of malignancy. I would ask Dr. Webster whether these cases he has reported had convulsions."

Dr. Webster. "Three of them did. Dr. Rose, my colleague has treated several cases and he says not more than one third of them had spots."

Dr. Lungren. "Have these cases fully recovered ?"

Dr. Webster. "They seem to have done so."

Dr. Jackson remarked that he had treated some cases successfully by the use of Lobelia internally and externally, applying it to the back of the neck.

Dr. Owen's cases had seldom received treatment longer than from four to seven days.

Dr. Biggar said that a physician wrote him from New Jersey that he had used, with good success, Gelseminum third and Baptisia second. He asked if Dr. Lungren, in his post mortem examination, had found effusion in any portion of the spinal column.

Dr. Lungren said in the case which lasted twenty-two days we found a very large quantity in the ventricles and spinal column, from four to six ounces.

Dr. Webster's report was then accepted.

On motion Dr. Lungren was requested to write out a statement of the cases mentioned by him.

A communication was read from Dr. E. Van Norman, stating that if desired, he would write and forward for publication, a paper on " Eczema and one Dose." On motion he was requested to send in his paper.

DR. H. B. VAN NORMAN then read a paper on Hygeinic treatment of diseases of women. Dr. Pulte commended the paper for the valuable hints it gave, and for its conciseness. He was especially pleased with the reference to the air bath. Thought the air bath fully as important as water bath. The Dr. also spoke of the sun bath. The rays of the sun carries with it vitality and activity, and gives life and motion to every living thing.

DR. HUNT took exceptions to some statements made in Dr. Van Norman's paper. He thought it not true, that the baths was good, and the person who did not bathe was bad. He thought facts would not warrant such a statement.

DR WILSON agreed with Dr. Hunt, and thought that Dr. Van Norman had carried the matter a little too far. Did not believe that dirty folks were always bad, or bad folks always dirty; or that clean folks were always good, or good folks always clean. But with this exception, thought the general drift of the paper good. It called attention to agents too much neglected. Homœopathic physicians were too much inclined to be satisfied with prescribing the indicated remedy, without paying any attention to anything else. He thought baths of various kinds a valuable auxiliary.

DR. PULTE said that twenty-five years ago, when lecturing in the college at Cleveland, he introduced the subject of Hydropathy into his lectures, and as he thought with good results, but was assailed in the American Institute in consequence. A resolution was introduced to the effect, that nature had no other law of cure than *similia similibus*, but Dr. P. told them they could not dictate to nature or make her laws by resolution. They were made by evolution, and would evolve themselves as time went on. The matter was dropped then, but he had not dropped it out of his ,,Domestic Physician."

Dr. Buck endorsed the judicious use of water, and thought it an agent of great good, but might be the means of injury. He seldom treated uterine diseases without water in some form. Was then treating a case by the use of the sitze bath alone, and the patient nearly recovered without the use of any medicine whatever. He could not however, agree with all the statements made in the paper, and should have to note, *no* on accepting the paper as a whole.

Dr. Barlow, was much interested in the remarks concerning sun baths. In Paris, they have a contrivance on the top of a house, where patients can go for a sun bath for a shorter or longer time, as may be best. In the cases of some children, whose parents were fearful they would not live through the summer, he had recommended, that they should be left out in the sun as much as possible. The result had been very beneficial. Some of them became as brown as a nut, not a tan, but brown from color given to the blood. After some further discussion as to the propriety of receiving the paper, it was finally voted to receive it.

Dr. Wilson then presented papers from Dr. J. C. Sanders, on " Post Partum dangers of Ergot." "Headache of the Lying-in," and " Relation of Spotted and Scarlet fevers to Saccharine food ;" also a specimen of short forceps, called the " Sanders forcep," and explained their points of excellence.

There being no other business befere the convention, Dr. Wilson proposed that the subject of non-ligation of the funis be taken up for a short discusssion. He said it was a matter that attracted some attention in the journals, and had interested him somewhat. He had experimented with this new fangled manner in obstetrics, and come to the conclusion, that it was a very doubtful thing to play with. At first he succeeded very well, cut the cord without tying, and the children seemed to do well. Recently however, he had not been so successful. In one case, after spending some time and many words in convincing the nurse and friends, that tying the cord was a thing of the past, the child in the mean time lying in the cradle; the nurse picked up the infant and it was found nearly dead from loss of blood. He wanted to know the experience of the other gentlemen in this matter, he believed there was something right, and something wrong in it.

Dr. Pulte referred to the animals which severed the cord by crushing it with the teeth, and thought we should use something that would perform a similar service. A. French had applied the *Ecraseur* which crushes the cord in a similar manner as the teeth of an animal. A clean cut will generally be followed by more or less hemorhage, but a crushing or ragged cut would emit no blood.

Dr. Baxter had tried the experiment in some cases. The first time was in a case in the Hospital at Cleveland. He intrusted the child to the care of a student, but hemorrhage stopped in a very short time, and did not re-appear. He had been equally successful in the case of a seven months child, and in other instances. He had always avoided making a clean cut with a sharp pair of scissors, but endeavored to make it as jagged as possible. He believed the manner of serving the cord had much to do with subsequent hemorrhage.

Dr. Slosson said in the Lying-in Hospital in Cincinnati, they take the dullest pair of shears they can find, and work away at the cord until it is served, and there is no hemorrhage following.

Another result is, that Jaundice is seldom found in infants treated in this way.

Dr. Buck said that after the child had been separated from the mother that, that portion of the blood which remained near the surface should be allowed to escape. In cases of poor development and feeble circulation, he thought it best to tie the cord. The escape of a small quantity of blood would avert the jaundiced condition of children. He generally cut the cord and after letting it remain a short time, ligated it.

Dr. Pulte thought it dangerous to cut the cord with sharp scissors and leave the child. The *Ecraseur* or some similar instrument should be used.

Dr. Jackson said in one case in his practice in which the cord was broken, no hemorrhage followed and the child did well. He thought if the cord could be broken or pulled apart, the child might safely be left without a ligature.

Dr. Hunt failed to see any difference between stopping the blood by chewing or crushing the cord, and stopping it by the ligature. It was a mere matter of convenience. If it was necessary that some blood should escape, he thought the cord should be cut with a sharp instrument, allowed to remain a while and then tied. He often did that, and the hemorrhage frequently stopped in a very few moments. He generally put on the ligature after the blood had stopped flowing.

Dr. Buck's experience had been, that the larger number of cases were troubled with both jaundice and colic, when the cord had been tied before cutting. Only that blood which remained in the umbilical vessels should be allowed to escape. He had conscientious scruples against using dull instruments of any kind.

Dr. Scheble had a case in which he ligated the funis, as he thought very tightly, but found afterwards that there had been considerable hemorrhage. He was satisfied that if there had been no ligature, dangerous hemorrhage would have taken place.

The chair asked if any one had known of death occurring, when the cord had been tied loosely. He had heard of such cases.

DR. GAYLORD said, he had tied one cord as tightly as he thought the twine would allow, and was certain that death would have occurred, if it had not been for that ligature. It bled profusely.

DR. OWEN stated as a principle of surgery, that compression would stop the flow of blood from an artery. It made no difference whether this compression was made with a dull instrument, or with a string. He thought the sooner the flow of blood was stopped, the better. If the cord was left without a ligature, in many cases the child would die. In one case, in severing the cord, he accidentally cut the ligature, and a very large quantity of blood escaped before he could stop the hemorrhage. In another case he did not tie this cord as tight as usual, and serious hemorrhage occurred in consequence.

Adjourned till 8 o'clock Wednesday morning.

In the evening the society assembled, together with a large number of interested friends, to listen to the Annual address. Dr. M. H. Slosson of Cincinnati was introduced by the President, and proceeded to deliver an able address upon " The Real and Ideal, as related to medicine and collateral arts and sciences." At the conclusion of the address, on motion of Dr. Buck, a vote of thanks was tendered Dr. Slosson, and a copy of the address requested for publication.

The society then adjourned to the Oliver House, where a sumptuous banquet had been spread at the instance of the Homœopathic physicians of Toledo. After this had received ample justice at the hands of the physicians and their friends, the assembly was called to order by Dr. S. S. Lungren President of the occasion. Toasts were next in order, with responses as follows:

1st. The Memory of HAHNEMANN. Drank in silence.

2d. Homœopathy. Response by Dr. OESTERLIN, of Findlay, who made a brief address in German, comparing the character of HAHNEMANN as a reformer in medicine to that of MARTIN LUTHER as a reformer in religion.

3d. The City of Toledo. Responded to by Col. D. F. DEWOLF. The speaker was glad to welcome the Homœopathic Society to this city and said that though Toledo was in the malarious district according to the nosological geographists, it was in the very center of the wheat eating districts, which produced the highest intelligence. If a portion of one tenth Homœopathic physicians made the city one of the most healthy in the land, it was to be hoped that with a larger number we might all live to a green old age.

4th. The land of Hahnemann, called out Prof. T. P. Wilson, of Cleveland, who spoke enthusiastically of Germany, its scenery, its scholarship, its military power and its statesmanship, and closed by saying that he hoped to gather money enough to enable him to return and spend a few years of his life in the Fatherland.

5th. The State of Ohio. Responded by Hon. J. C. Lee. The speaker said that a Homœopathic banquet seemed rather a novelty, when in the memory of those present, there were in Ohio only six or seven physicians of that school, while now there were over seven hundred. Ohio is a State to which all schools are welcome, and to you as Homœopathic physicians we are ready to render every aid, and in your efforts for the amelioration of the condition of the human race to bid you a hearty God speed. Ohio invites you to labor here within her borders, and trusts that the physicians of the Homœopathic school may by their liberal and generous spirit, render themselves worthy of its illustrious founder.

6th. Medicine. Prof. H. F. Biggar, of Cleveland, responded briefly, expressing the love which, in common with his brethren he felt for the profession. The labors of the physician were in the same path with those of the clergyman, and had like his, a strong influence for the improvement of man's moral nature.

7th. Medical Literature. Response by Prof J. D. Buck of Cincinnati, who urged upon the physicians present, the importance of extending more aid to the medical Journals, which, in conjunction with the daily press, were the greatest aids to the general promulgation of important medical knowledge. All literature was more or less tributary to medicine, and yet our physicians should do more than they now do in furnishing contributions and other aid to our medical journals.

8th. Medical Colleges. To this toast Dr. J. B. Hunt, of Indianapolis, responded, alluding in his opening remarks to the fact that sixty years ago, this school had no physicians in the United States, while now it had over 10,000. Thirty years ago it had no schools for Homœopathic instruction, now it has eight medical Colleges. He would raise the scholarship of the Colleges to the highest possible standard, while keeping tuition at the lowest possible rates.

9th. The Press. Response by Clark Waggoner, who in behalf of the Press of Toledo, expressed the desire to co-operate with the Medical profession in the advancement of the public good, and expressed the hope that the general usefulness of both professions might steadily increase. Neither could dispense with the other, and they should work together to remove every hindrance to moral, mental, and physical progress.

19th. The Ladies. Response by Mr. A. W. Gleason. The speaker regretted that some one of more experience in the subject had not been chosen, and yet he could say that no one had more respect, reverence and love for woman. Mr. Gleason closed his remarks by reciting a beautiful and well timed passage from one of Walter Scott's poems.

Volunteer toasts were then called for and the following was read by the Chairman :

By Dr. Buck, of Cincinnati—

The Hospitality of the Homœopathic Physicians of Toledo. Unlike the "Intermittents" with which they deal, it is a "continued fever."

A brief response was made in behalf of the Toledo physicians by Dr. S. S. Lungren, who expressed the hope that they might have the pleasure of again entering the convention at no distant day.

SECOND DAY.

The Convention convened at 9 o'clock. A. M.

A communication was read from Dr. J, Watson, asking to withdraw from the Society, having paid all dues up to date. On motion the request was granted.

The President then announced the following committees :

On Clinical Medicine, Drs. D. H. Beckwith, J. W. Failing, J. B. Hunt, D. H. Reed, Edward Ulrich, J. B. Owens, and A. C. Barlow.

Surgery. Drs. H. F. Biggar, H. L. Barbon, L. L. Leggett, T. P. Wilson, N. Schneider, A. E. Keyes, and W. Owens.

Materia Medica. Drs. H. H. Baxter, Lewis Barnes, C. B. Herrick, R. B. House, E, P. Gaylord, A Goodwin and E. V. Van Norman.

Physiology and Pathology. Drs. M. B. Lukens, R. N. McConnell, and J. B. Massey.

Gynæcology. Drs. J. H. Pulte, W. Webster, E. Y. Howard, R. B. Rush, B. P. Brown.

Delegates to American Institute of Homœopathy, Dr. H. B. Van Norman. Illinois Homœpathic State Society, Dr. T. P. Wilson. Michigan State Homœpathic Society, Dr. R. B. House. Pennsylvania State Society, Dr. J. Potter. Indiana State Society, Dr. J. B. Hunt.

Dr. Pulte read a paper by Dr. S. R. Beckwith, from the committee on obituary, which on motion was adopted.

Dr. D. H. Reed from committee on Materia Medica, read a paper on Plumbum, which was received and placed on file.

Dr. Buck from the committee on Physiology and Pathology, read a paper on Matter and Force in Function, and one on Mechanism of Thought, which on motion were received and placed on file.

Dr. Slosson from the same committee, presented a paper on Defects in Pathology and method of correction.

Dr. Lungren presented the report of Post Mortem examination of a case of Cerebro Spinal Meningitis, which was received. Specimens accompanying the report was placed under the microscope and examined by members present.

Mrs. Dr. E. Y. Howard, from the Committee on Gynæcology read a paper on Chronic Metritis. On motion the report was received.

Dr. H. H. Jackson read a paper on Main Causes of Degeneration of American Women, which was received.

Dr. Lungren presented the report of a case now under treatment, and asked the opinions of members.

Papers were presented from the Committee on Surgery by Dr. Wm. Owens on Surgery, by S. R. Beckwith on diseases of the Nervous System, and by Dr. N. Schneider on Hernia, which were received.

Dr. Biggar presented the report of a case of Hernia, which was received and placed on file.

On motion, the Society then proceeded to the election of officers for the ensuing year, which resulted as follows:

President—S. S. Lungren, M. D., Toledo.
1st Vice President—H. F. Bigger, M. D. Cleveland.
2nd Vice President—J. D. Buck, M. D., Cincinnati.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

BOARD OF CENSORS.

E. P. Gaylord, M. D., Toledo; W. Webster, M. D. Dayton; Wm. Owens, M. D., Cincinnati; H. H. Jackson, M. D., Painesville; A. E. Scheble, M. D., Toledo.

Dr Buck moved that the Secretary be authorized to correspond with the various local societies of the State upon the subject of publishing their proceedings in connection with the proceedings of the State Society. Carried.

Dr. Buck moved that such members whose names had been stricken from the list of members, in consequence of non-payment of dues, on account of their removal from the State, be restored to full membership. Carried.

Dr. Webster offered the following resolution which were adopted:

Resolved, That when any member removes beyond the jurisdiction of this Society, his name shall be placed in the list of Honorary Members.

Dr. Baxter offered the following resolutions which were adopted.

Resolved, That the Treasurer be, and is hereby instructed to report as a part of each annual report, the names of such members of this Society as are in arrears for dues for three or more years.

Resolved, That unless after due notice such arrearages shall be paid on or before the next ensuing annual meeting of the Society, their names shall be dropped from the roll of members, and

Resolved, That such persons may be restored to full membership without further action of the Society upon payment of all arrearages.

Invitations were received from Salem and Cleveland to hold the next annual meeting in those places. After considerable discussion, Columbus was chosen as the place of meeting.

A vote of thanks was tendered the Physicians of Toledo, for the hospitable manner in which they had entertained the Society, and to the Press for kindness and courtesy shown the convention. On motion the society adjourned to meet in Columbus on the second Tuesday in May 1873.

SURGICAL DEPARTMENT.

REPORT UPON SURGERY.*

BY WM. OWENS, M. D.

"*Conservative Surgery*" *in the treatment of wounds and injuries about the knee joint.*

The treatment of Surgical diseases, and wounds occurring about the knee joint, has been one of the most difficult and unsatisfactory problems of surgical art. The reason of this, is probably found in the fact, that the subject has not received that careful and elaborate attention that is entitled to. This neglect may be attributed in part, to the unsatisfactory results, which have usually attended all attempts at conservative treatment of these lesions. Hence the knife has been the too frequent, and too early resort, especially in all the severe forms of these injuries. From the results obtained by Surgeon I. Moses, U. S. N. and other humane surgeons, during the war of the Rebellion, we hope to be able to record happier and more satisfactory conclusions in the future.

Surgeon Moses reports, that under conservative treatment in the Hospitals at Louisville, of wounds involving the knee-joint more cases were discharged recovered, than after amputations. Others who have used conservative means in the treatment of these injuries, make reports quite as satisfactory, and in fact though the compliers of army statistics, discredit these statements, they do in their general conclusions but confine them, in their results, obtained by conservative treatment of all injuries and wounds of the thigh, if we may except those involving the hip joint, with extensive laceration of the muscles, when operative interference seems to have the preference, but usually with unfortunate results. The truly humane conservative Surgeon will always operate, when deemed necessary, for the removal of the diseased or disabled parts. On the other hand the bold and reckless operator, is met with too often ; and has many times proved a curse, instead of a blessing. During our late war the knife has been used often, when it might have been spared.

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*Read before the Homœopathic Medical Society of Ohio.

Army experience tends to show that conservative measures, saved about 8 percent more cases, in the treatment of wounds and injuries of the thigh and knee than were saved by operative measures.

But it is not in the field or camp, where we should expect to see the most triumphant vindication of conservative surgery. Could our large armies have had the benefit of the aids afforded by Homeopathic medicines, there is no doubt the mortality in all forms of diseases and wounds, would have been greatly reduced, and contributed largely to the popularity of conservatism in the surgical art.

What Surgeon Moses, and others have done any well informed surgeon may do, and even more, with Homeopathic aids. Thousands of wounded and sick, who have also been afflicted with scrofulous constitutional taints in some form, have remained in our Hospitals because wounds would not heal, or because diarrhœas could not be arrested ; until by drugging and starving, they were removed to the grave yard, or permitted to return to their homes hopeless invalids. Much of this could have been avoided or prevented, by proper medication. As an example of what might in some measure be attained in army practice, I will, with your permission relate two cases occurring in civil practice. The following is a brief statement of one case given by her mother, at my request, who is a very intelligent lady, and Homeopathic physician. Case 1st. E. H. aged seven years, of scrofulous parentage living in a mismatic district of country, suffered from marasmus while teething; afterwards seemed in ordinary good health until about 28 months old, when it was observed that she sometimes dragged her right limb, when walking as if, partially paralyzed, but complained of no pain. After some months she said "it hurt her in the leg," which continued until after a restless night in March 1865, the pain localized in the right knee. For two weeks it was treated for inflammatory rheumatism, the heat and pain increasing all the time. The physician in charge now began to think, it must be some profound constitutional trouble indicating a grave disease of the osseous, structure, and changed the treatment, using cold douches, leeches, iodine and all the usual allopathic remedies. under this treatment some improvement took place; the child being able to go around. In September an absess made its appearance at the outer condyle. The suffering was extreme; preventing rest at night, until she was greatly emaciated. After some weeks the abcess opened, discharging a thin, curdy, acrid pus.

During the following Spring and summer slight improvement was apparent. She was put upon crutches, with a generous diet. The limb became greatly atrophied; the tendons contracted so that she could scarcely touch the floor with her toes. During the summer many small pieces of necrosed bone were discharged; examinanation with the probe disclosed the fact that the femur on its external aspect was denuded of its periosteum, nearly one half its length. The probe also entered the medullary canal at an opening between the condyles. The winter of 1866 and 1867 was one of extreme suffering, and marked aggravation of all the symptoms, attended with great depression and debility.

A consultation of physicians, thought it best to amputate the limb. The Physician in charge however, insisted upon delay. There was no change in the treatment which had from the first been allopathic. Morphine had been administrated constantly to relieve her sufferings. As spring approached there were indications of improvement, but with the return of cold weather, all the former symptoms returned with increased suffering.

These conditions continued until May, 1869, when I saw her for the first time. Upon receiving a history of the case, and a careful examination, I concluded that Lycopodium and Silicia, with occasionally a dose of Phophorus and Calcarea were the proper remedies. This course was continued about four months, when in the Autumn, for malarious symptoms Arsenicum Iod. Hepar Sulph, were administrated with an occasional dose of the former remedies. Improvement was apparent almost from the first.

In the Spring of 1870, the opening gave indications of healing; it was re-opened and Sequestra removed, since which it has healed, without shortening of the limb; only a slight lameness remaining.

Case 2nd.—Miss A. F. aged 10, scrofulous, light eyes; brown hair slender; subject of Herpetic eruption; menstruates regularly, attended with great pain, first day: In the winter of 1866 fell upon frozen ground producing contusion of the right knee; gave no particular attention to it, until some weeks after, when swelling, pain and lameless, induced her to consult one of our most eminent allopathic surgeons, who pronounced the difficulty dropsy of the knee joint, and stated that without great care, she would lose the limb. Enjoined quiet, applied Tinct. of Iodine, blisters, leeches and the usual allopathic routine and finally compresses and splints to prevent motion of the joint. Slight improvement followed, but lasted only a short time, when it became worse than ever; the knee swelling greatly and becoming exceedingly painful.

At this time after consultation with another surgeon, it was determined to open into the joint as an experiment, rather than amputate at the thigh. Caustic potash was the remedy selected to do the work. Three applications of the caustic had been made, when on one occasion, I happened to be in the house to see another patient. Her suffering was so great, that her Mother requested me to give her something to relieve her. I left three doses of Cocculus to be taken an hour apart. If not relieved the same number of doses of Rhus Rad. taken in the same way. The first dose of Cocculus, gave some relief. Owing to some misunderstanding she took the other doses of Cocculus, and followed with the Rhus. When I called next morning to see my patient, I was requested to undertake this case, which I did, with the result; saved the leg, and restored the young lady to usefulness and society. The treatment consisted in an envelopement of the entire knee in a jacket of salt, fat pork, and the administration of Cocculus, Rhus Rad. Calcarea Carb. and Sulphur. Time seven months. Three years have elapsed, the limb is sound and well, and the young lady enjoys good health. Both limbs had been adjudged subjects for the knife; by men of unquestioned skill, as surgeons; and were saved by other means, totally without its aid, except for the removal of sequestra. In the case of A. F. there is no doubt, but that if the cavity of the joint had been opened by the caustic as contemplated, amputation would have become necessary with all the hazard of such an operation, in a scrofulous patient, whose health was already greatly impaired by long continued disease.

Many details of the history and treatment of these cases have necessarily been omitted. Sufficient has been given to indicate some of the advantages that might accrue the homœopathic surgeon in the most formidable diseases, with which we have to deal.

SURGICAL NOTES.

BY H. F. BIGGAR, M. D.

Pathology of the Changes which take place in the Pedicle of an Ovarian Tumor when treated by Ligature.—Dr. Bantock exhibited a specimen which had been obtained at a post mortem examination performed twelve months after the operation. When the parts were exposed, no trace of the pedicle could be seen, and the upper border of the broad ligament formed a continuous line with the fundus uteri; but close to its edge could be felt a small body the size of a hemp-seed, covered by peritoneum, and about an inch and a half distant from the uterus. The hard body was found to be formed of the knot of the ligature, the loop and ends having disappeared. Dr. Bantock referred to the experiments ot Spiegelberg and Waldeyer on this subject, and said that the course of events would appear to be as follows: When the ligature is applied, it forms a deep constriction, which, by the bulging of the tissues on each side, causes the living to come in contact with the strangulated tissues; plastic lymph is thrown out, gluing together the opposing surfaces, and its organization establishes a vital connection between the two, so that sloughing is prevented. In course of time the loop ceases to exert any force, and it is probable that the capillaries ultimately become pervious. Subsequently the absorbents begin their work, and remove not only such portions of the tissues as are unable to maintain their integrity, but the ligature itself yields to the forces at work. Dr. Bantock considered that the extra-peritoneal method by the clamp was the best mode of treating the pedicle; still this case demonstrated the safety of the ligature.—*London Lancet.*

SIMON, of Heidelberg, has operated several times for the removal of malignant growths from the various cavities of the body, by scraping among the diseased tissues by means of spoon-shaped instruments, with oval blades and sharp edges, varying in size from that of a pigeon's egg to that of a bean—the handles being adapted in their length to the cavities in which they are to be employed. He has operated for cancer, three times upon the convex and once within the cavity of the corpus uteri, once upon the posterior wall of the vagina, once upon an epithelial cancer of the bladder in a female, introducing the instrument through the urethra, and once upon the posterior walls of the pharynx. He recommends this method of extirpation also for tumors of the orbit of the antrum of Highmore, and of the rectum, and claims for it "advantages superior to those possessed by any other means of operation, upon all friable tumors with large bases, situated within the cavities of the body." He asserts that the tumors can by this means be more thoroughly removed, and with the least danger of injury to the surrounding tissues; the hemorrhage is almost insignificant. In operations upon the uterus and vagina the pain is so slight as scarcely to require the employment of an anæsthetic; relapses, when they recur, take place at a much later period than after operations with the knife.—*N. Y. Medical Journal.*

The Eye in Bright's Disease.—With regard to the frequency of changes in the eye in Bright's disease, Dr. Wadsworth, of Boston, (*Boston Med. and Surg. Journal,*) stated that he had for some time past examined every case that had been admitted into the City Hospital, and had found that in every 25 per cent. trouble in the eye existed. Dr. Fifield said that the strange part of these cases was the great and sudden variation in the state of the vision. In some cases the vision would be very much affected for a few days, and then would become almost normal.—*Medical Record.*

PATHOLOGY.*

BY W. H. SLOSSON, M. D.

Mr. President:—The duty devolving upon me, as chairman of the committee on Physiology and Pathology might, perhaps be acceptably discharged, by reporting to the Society, the results of the efforts of my colleagues. The papers furnished by them, and already presented, may be deemed sufficient material from this committee; and another paper from the same source may be regarded as an unwise trespass upon your already, too limited time. Still I would presume upon your kind indulgence, while offering for the consideration of the Society some farther suggestions upon one branch of the subjects assigned us, namely; *Pathology.*

To indicate in the outset, the aim of this paper, it might be stated, as intended to point out the sources of the defects in pathology, and their remedy. Pathology has been very appropriately styled, the history of disease. That history may be comprehended under two chapters while their contents would expand into many volumes. No one familiar with the literature of this subject, can withhold his admiration of the talent, learning and labor, that has been devoted through many long years, to bring it to its present standard of merit, and professional authority. And yet, no one would be ready to pronounce the results attained, as all that could be desired, nor all that future observations, and more scientific investigations, must reveal. The field is one of illimitable capabilities stretching its boundaries over the vast domain of the known, and knowable phenomena of disease. With the ever-changing conditions of man, amid the ceaseless mutations of time and seasons, and the still greater changes in his social status, wrought out through agencies sonstantly operative in the onward march of civilization, there must arise, not only new developments of diseases, but essential modifications in the typical forms of those already known and described. Hence, the necessity of frequent revisions of our works on both general and descriptive pathology, supplemented by new chapters, on new varieties of disease, as they may be observed, in different countries, and become permanent sources of evil and danger to society.

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* Read before the Homœopathic Medical Society of Ohio.

As already intimated, the defects in our systems of pathology, may be traced to the source, whence this department of knowledge must be obtained; viz, at the bedside of the sick; and there and on the table of the patholigical anatomist, all errors and mistakes must be corrected. And just here, also, will be found the greatest obstacles to the application of the only sure and scientific corrective of all deficiences and imperfections. These defects appertain more to the methods employed in collecting the materials that enter into the organic structure of pathology, than to any supposed or real errors in its nomenclatures, its etiology, or its nosology.

Every revision of standard works on pathology, will bring its terminology into greater accordance with the actual characteristics of the diseases indicated. Every chapter has evidences of the care and labor bestowed not only in the masterly generalizations of the common phenomena of diseases, but also in the minute descriptions of the pathognomonic symptoms which lead to an easy and practical understanding of their appropriate differentia. The work that yet remains to be accomplished, will prove more difficult than any hitherto attempted; not because of any inherent obstacles in the work itself, or in the method by which it must be achieved, but because the demands, as regards all scientific investigations, now and henceforth, require every investigator, to begin at the beginning, to prove all things, holding fast only that which bears the test of impartial and thorough experiment. In many of the collateral branches of medicine, the workers are quite numerous, in this country as well as in Europe, and their efforts at proving and revising the recorded observations and experiences of the renowned authors and teachers in the different departments of the *ars medendi* are receiving the cordial approbation of the leading minds in the fields of science throughout the world. Boldly and fearlessly are they moving forward, aided by all the appliances which skill and science can contribute; and the results are eliciting the admiration of every truth-seeking, truth-loving and truth-knowing mind. The errors discovered, by men thus employed, wherever found, by whomsoever made, and however long and strongly cherished, will be cast aside as worthless, except as marking the advancement of modern truth and science, in the clearer light of the nineteenth century. And do you ask, what is this still unaccomplished work in the domain of pathology? I answer to establish and perfect a pathology, at once pure and uncomplicated. To have the pathologist pursue his study of diseases, through all their stages, in their absolutely natural course, as far as possible, undisturbed and unmodified by any system of medication. It is only in this manner that their actual phases and development can be observed and known, with comparative certainty and definiteness. Let it not be objected by the advocates of heroic medication, that their treatmet cannot change the character of any disease. Should we grant it—but we do not, there yet remains the modifications of its course and termination, effected by the drugs administered. And what allopathic pathologist, is competent to point out and designate, with the exactness which science demands, the symptoms which belong to the disease proper, and those produced by drugs, when a single chapter, and that by no means a lengthy one, would comprehend his entire knowledge of drug-power, and drug effects? But the ability to make this distinction, is most assuredly necessary on the part of the pathologist, who attempts to describe with any thing like scientific accuracy, the entire symtomatic phases of any given diseases. To whatever school of medicine he may belong, he must discard all drugs, whether simple, or compounded, in sensible doses, or in attenuations infinitesimal: and placing his patients under the most favorable hygienic conditions, must watch, and note with sleepless eye, the progressive development of the case. I am aware that the method here indicated, to secure results answering the requirements of science in other fields of investigation, appears environed with almost insuperable difficulties. On one hand will stand arrayed, in hostile attitude, professional pride and prejudice, and on the other, the appealing claims of a common humanity. Recognizing, but still unswayed by them, and even ignoring for a time, alike authors and professors to all schools, or only so far following, as they may have trodden in the one pathway to absolute, scientific exactness, he must pursue his self appointed task. The pleadings of the afflicted disease-stricken subject, must be sympathitically heeded and appeased, and the patient and the public too, must be very gravely and professionally dosed with *placboes*, while science guides the observations and points the pen of the experimental pathologist. And when the most critical and rigid experiments, confirmed by almost unnumbered repetitions, under equally rigid and exact conditions, all giving one common history of the same disease, save as modified under the diverse circumstances of race, nationality and social position, shall announce their final uniform results and conclusions, then may we accept them, not only as authoritative, but worthy of universal and unquestioned confidence. As thus disease after disease, throughout the entire catalogue, shall been made the subject of the most careful study, by the most competent and pains taking Pathologists, all adopting the same system of observation and experiment, and the work of proving, revision and elimination shall have been prosecuted and in the manner already intimated, to that extent, and at that time, will pathology rise to the plane of, and be entitled to the claim of place, among the accepted sciences.

Hitherto, it has been too much the subject of theorists who have often drawn upon their imagination rather than facts, in both the statements and proof of their positions. Facts, patiently and surely ascertained, and standing on an ever demonstrable basis must be regarded as ultimate and fundamental in any system worthy the name and authority of science. They must be so patent, accessible and invariable too, that they can be repeated indefinitely, under similar circumstances, when such repetition might be deemed necessary, in the farther elucidation or confirmation of any important scientific hypothesis. Every system thus founded, whatever its name, or field of operation, will be entitled to a degree of confidence and consideration. commensurate with its power to promote the multifarious interest of social life or solve the still unsolved problems, as found related to the progress of nations in the art and elements of an ever advancing civilization. To the authority of facts must we bow, as the grand ulitmatium in every appeal in science. But to the *dicta* of theories we may demur, and challenge their correctness when not sustained by the commanding evidence of facts and truth. Pathology cannot claim any special privilege of exemption in its favor, from the necessity of subjection to this severe ordeal, as prerequisite to an aceptance of its principles and precepts. Why should the student in every other department of natural history, expect to find authors and professors constantly referring to demonstrations of their principles as derived from facts, living, or organic, or, it may be, from the equally patent and convincing arguments and proofs inscribed and stereotyped by the finger of Omnipotence, in the fossiliferous rock? And yet, in pathology, assuredly as important to the welfare of society as any of the exact sciences, he is compelled, with astonishment equal to his reluctance, to find his way, every now and then, obstructed by some great doubt or misgiving, because he cannot know very positively, whether or not, some vital and fundamental principle, rests securely, upon its proper, and already rigidly demonstrated fact or truth. Must these defects always remain, and Pathology in many of its deductions, continued to be so uncertain and unsatisfactory? The answer to this question ought not to be in the affirmative, when any possible method of correction and scientific reconstruction, can be pointed out. One way has already been sugested in a preceding paragraph. It may not possibly be the only. or the best method. One thing is obvious—we must have these, or similar opportunities, afforded such experimental Pathologists, as will devote their time, aided by all the appliances of modern science, to the most scrutinizing and extended reprovings possible in this important and interesting field of investigation. Claiming as we rightly do, the curative and modifying power of homœopathic drugs, whether crude or potentized, when administered in accordance with the primitive fact and law, *Simila similibus curantur*, they, as well as allopathic preparations, must be set aside by the experimentalist, in all observations and trials in the dominion of natural and uncomplicated Pathology. In the name of science and humanity, let the test be made with the approval and united moral and material support of the entire profession, in all the schools of medicine. And as conventions are "the order of the day," in the settlement of all questions, political and many that are scientific, let the most accomplished Pathologists of our own country and Europe, meet in convention, in some central city that may be designated, and there fully canvass and settle all necessary preliminaries, and determine and define the plan of the contemplated revision. And when this shall have been done, under the auspices and sanction, conjointly, of the governments of Europe and of the United States then let them prosecute the work, with all the enthusiam of earnest and determined minds, and as rapidly as would be consistent with the conditions and requirements of scientific precision. The results, in any given disease, after a series of the most critical experiments had unfolded all its various phases and terminations in recovery or death, with the organic lesions disclosed by necroscopic examinations, both chemical and microscopical, would be sufficient, to decide, whether and to what extent, the present standards are reliable in their historic descriptions of that disease. This point, thus gained, would enable the professors to judge, not only of the comparative merits of the works we now possess, but of the value to be attached to the revision thus accomplished. A strictly scientific Pathology as thus produced, comprehending the range of diseases most prevalent, and best known throughout the civilized world, would ultimately lead, to a corresponding scientific system of theraputics. It would require many years of the most patient observation and labor to perfect and complete it. But when accomplished, as it must and will be, at some future day, it will be characterised, not only as one of the most masterly triumphs in science, but as justly ranking first in its importance and beneficent power, to bless disease doomed humanity. As conflicting theories in Pathology would thus give place to demonstrable, scientific deductions, so also would antagonistic systems of therapeutic be finally abandoned, and such only be adopted, as would bear upon its title page, the imprint and seal of that law, one inseparable and universal in its nature, and which must ever be to the world of diseases, what the one law of gravitation is to the world of matter—both central and all controling and finding its only true and fitting embodiment and expresion in the formula, *similia similibus curantur.*

POST-PARTUM DANGERS OF ERGOT. *

BY J. C. SANDERS, M. D.

The unquestioned drug power of Ergot to induce uterine contractions, has given it a great fame both within and without the profession.

The more common use and abuse, are by virtue of its efficiency as a prophylactic and curative remedy in the hemorrhages incident to and following the birth of the placenta.

I have given its clinical uses careful study for many years, and I am satisfied there are dangers in its administration, little if at all considered by the profession. To these I ask the attention of the Convention.

Immediately after the delivery of the child, the uterus settles on and around the contained placenta, and holds it for a time with a uniform, firm grasp of tonic contractive force. After an indefinite time, clonic contractions ensue, which merge gradually into and are taken up, as it were, by the tonic force constantly and unceasingly exerted, until by the repetitions of these clonic forces, and the steady holding of the advantage thus gained by the tonic contraction, the placenta is separated and delivered. These distinctive forces continue indefinitely on still further to condense the walls and reduce the bulk of the uterus, and thereby inaugurate the process of involution.

Ergot in drug doses disturbs these benign, equable, and conserving forces. It seems to spend its action mainly on the tonic contractile power of the uterus, rendering its contractions irregular and intense. Herein are the special post-partum dangers of Ergot, as a drug.

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* Read before the Homœopathic Medical Society of Ohio

Ist. It renders the tonic contractions irregular—spending its peculiar force on one set of the uterine fibres, to the exclusion of others.

Were the uterus to contract equally under the stimulus of the Ergot, that is nearly synchronously on its circular, longitudinal, and oblique fibres, though the contractions were morbidly intense, the placenta would rarely be caught and retained, probably never, except when positively adherent. But either one of these sets of fibres may contract with morbid intensity, the other set or sets remaining under normal vigor of contractile force, in which case retention of the placenta would almost be inevitable.

The most desperate case of retained placenta I ever had trouble with, clearly depended on ergotism, Ergot having been freely given in the early part of the labor. The lower section of the womb was rigid, as if banded with steel, while the upper portion was only normally shut down on the placental mass, which was partially separated with hemorrhage, like a tide! Indeed the only cases of retention I ever had to do with, were cases in which Ergot had been administered some time in the history of the parturient process.

Retention may, but indeed does not occur in every case, for the placenta may have been delivered by the normal activities of the womb, or taken away by manipulation, or hastened by manual delivery, before the Ergot had reached its climax of influence on the uterus. This I have no doubt is predominantly the case with those, who from fear of hemorrhage, invariably administered Ergot in sensible doses just before or immediately after the birth of the child, the Ergot in such cases hardly having time to seize upon and imprison the Placenta, but spends itself rather on the emptied uterus.

I have encountered the same thing in abortions, both before and after the formation of the Placenta, and have had the Os, after a reasonable dilatability had been attained, shut up by the use of Ergot past all possibility of ingress, though blood was flowing by the pound, and the involucrum or placenta unapproachably shut and imprisoned within. Whether in miscarriage, or labor at full term, I believe the involucrum or placenta after imprisonment in this way, is rarely delivered intact in structure, and without goring some torn off shred of choroid tufts or fractured cotylidon, caught and retained within the grasp of the violently and irregularly contracting uterus.

2. It imparts to the tonic contractile power of the uterus, a sudden and morbid intensity.

This part involves a danger less potent than that last mentioned, but no less important, viz: retained and imprisoned blood within the sinuses of the womb wall. Indeed I am satisfied, that in this lies the chief danger of Ergotism to the mother.

No close observer of symptoms has noticed how suddenly and completely Ergot shuts the uterine walls down, after placental delivery, on the orifices of the uterine vessels, and with what results? Scarcely a fresh coagulum, however small—scarcely any lochial show afterwards, except a little serum for hours and days, and when it does appear, if it appears at all after the ergotism has died away, it is that of mascerated and partly disintegrated coagula, scanty, black, granular, shreddy, offensive, ichorous, or in many cases only in the form of scanty, offensive dark blood-colored serum. This lochia, whatever its character, continues only a few days.

What becomes of the blood moss thus shut within the sinuses of the condensed womb walls, which is the province of the lochia to disgorge? It cannot return as a moss to the general circulation, it certainly cannot return through the arteries, which carry no retrograde currents, and cannot through the veins whose pliant compressible walls are all collapsed by the intense muscular contraction. What then of necessity becomes of this imprisoned moss? Its only possible escape is by the lochia and by absorption. To what degree by the lochia we have just considered? To what degree by absorption? Only certainly to the extent of its watery portion, and not to any considerable extent of its crossamentum. This for the most part must inevitably remain.

This amount of blood coagula, and by no means an inconsiderable amount, imprisoned within the great vascular channels of the posenchyma of the womb, must of necessity involve the mother in danger.

1. The presence and pressure of these coagula, must of necessity, more or less interfere with the delicate molecular changes of involution.

2. They must of necesssity give to the uterus a preternatural bulk and heaviness, and dispose it prematurely to settle down into the excavation.

3. They must expose the endongium of the uterine vessels, suffering from their presence and pressure to irritation and congestion, and thereby the womb as a part or as a whole to inflammation.

4. Or failing to influence or otherwise distress the uterus, these coagula may become the nuclei of uterine tumors. Any individual clot may thus become organized under the bias of some appreciable or latent ayscrosia, or develop into a cyst or a fibrous growth.

ASTIGMATISM—ITS EFFECTS.

A lecture was delivered two months or more ago, at the Royal Institution of London, by Dr. R. Liebreich, on "The Effects of certain Faults of Vision on Painting," which not only awakened much interest then, but has excited considerable discussion and criticism since. Taking a pathological view of art, he maintaines that a long sight or a short sight, a dim sight or a sharp sight, must affect an artist and his pictures; furthermore, that the eye with advancing years undergoes functional and structural changes, which impair clear definition of outline or throw disorder into color. Taking Turner as an example, when he first compared his later with his earlier works, so great was the contrast, he could hardly believe them to have been produced by the same hand. His fault he finds to be a certain diffusion of light, caused by changing every illuminated point into a vertical line; in consequence of which objects become elongated—such as the sun, houses, people, trees, waves, etc.—and, by the obliteration of horizontal lines, blend into a conglomeration of vertical forms. This fault, which is generally regarded as a peculiar manner adopted by Turner, as the result of a whole life of study and striving to represent Nature in her poetical aspects, and as the highest achievements of his genius, Dr. Liebreich calls the result of a disease, or an abnormal change in his eyes, developed more and more strongly during the last twenty years of his life. The aspect of Nature gradually changed for him, while he unconsciously strove to reproduce faithfully and accurately what he saw, as he saw it at the time.

Again, he finds that the crystalline lens of the eye grows yellow with advancing age. This, while it may not diminish the power of vision, will have the effect to weaken the yellows of a landscape or among the apparel of a group, and to neutralize the blues, unless unusually strong. The consequence follows that the painter will throw greater force into both yellow and blue. And, as an example of this, he referred to Mulready, who, in advanced age, painted too purple. His later pictures are peculiarly blue; shadows on flesh, as on the neck of a girl or the arms of a child, he gave in pure ultramarine. Drapery of this shade he represented most unnaturally blue. Red, of course, became purple. All of these, however, when viewed through a yellow glass, are corrected; the violet color of the face shows natural red, blue shades become gray, glaring blue drapery is softened, and truthfulness returns to all other colors of the picture.

Dr. Liebreich seems to have overlooked two considerations. *First*, granted that Turner's eyes were affected with vertical astigmatism, and that the round sun looked elongated to him, still, in order to represent his elliptical sun on the canvass, he must draw it round, when, of course, it will look rightly to all the world; otherwise, should he draw his elongated sun elliptically on the canvass, clearly this would look still more elongated and unnatural. *Second*, granted that the lens of Mulready's eyes was yellow, were not the yellows in a landscape or of the dresses of a throng, and the yellows on his palette of the same shade also of the same tone to his eye? The colors he employed must have been stronger than they looked to be to him; and, if they corresponded to the hues of his objects, he was safe and correct in his painting. These considerations can be avoided only by assuming that Nature was seen incorrectly, while the picture was seen accurately—an assumption not proven by supposing light from natural objects to be stronger than that from artificial sketches and colors.

TREATMENT OF DIARRHŒA.

THE *North Western Medical and Surgical Journal*, may be considered good allopathic authority. After giving the clinical history of four cases in which diarrhœa was the principal symptom, Dr. Land, in the March No., reaches the following results :

"In conclusion, I would draw this moral, which the experience I have had has already impressed, that, in the diarrhœa of children, it is far better to allow the diarhœa to continue, and support the child's strength in the meanwhile, until we are certain of the cause. than to attempt to check it, however alarming it may be, with astringents such as chalk, lead or tannic acid, in ignorance thereof, or at least a rational belief in the probable cause. For these remedies if useless have not the merit of being harmless, bringing as they do, additional irritating matter into the tender alimentary canal of the child. And further, they are of questionable benefit in any case. The bowels may be loose either in an essential fever, or from an intestinal inflammation, or from intestinal irritation, the latter including tubercle, entozoa, teething and undigested aliment either from excess or faulty assimilation. What possible good can astringents effect in any of these conditions other than in perhaps, intestinal inflammation proper ? When the fever is over, the bowels left to themselves will probably resume their normal functions, and even if it be posssible to check the diarrhœa before, the end is scarcely desirable. When the offending worms are ejected, the diarrhœa will stop. And even in inflammation, (though the doubt be hetrodox, I submit it with confidence,) cannot more good be effected by change of diet and simple measures than by drugging with astringents?"

CORRESPONDENCE.

AMERICAN INSTITUTE OF HOMŒOPATHY. TWENTIETH ANNUAL MEETING.

WASHINGTON, D. C., May 1872.

DEAR REPORTER: We have just closed up another Session of the Institute, and it is my duty and pleasure, to jot down for the edification of your many readers an account of what we have been doing. First of all then, the Session was among the most satisfactory of any we have attended; at least the harmony and good will that existed among the members was conspicuous throughout the whole meeting. The physicians of Washington with Dr. Verdi at their head, did all in their power to make every thing agreeable. The reception at Dr. Verdi's on Monday evening was largely attended, and passed off pleasantly. Every one felt at home, in the cordial atmosphere of the good doctor, and his lovely wife.

The Sessions were held in Lincoln Hall. Promptly at 10 A. M. Tuesday morning, Dr. Verdi appeared on the platform, and delivered a very neat and sensible speech of welcome. The President followed with a lengthy address full of Boston and other good things, and after this pleasing introductory, the Institute went to work with a will.

Of the detail of its daily doings, I need not now make report. Suffice it to say, the bureaus were well represented, and a large number of papers reported. Of their value I cannot give any account, for very few of them were read, and none of them were properly discussed. It does not seem to be the best use that can be made of such a convention, to have so many papers partially read, or read only by title and then referred. Parliamentary matters fortunately did not consume a great deal of time, and if it be asked, how then was the time used? we have to say that no great amount of time was used in convention for anything. The use of the Hall was limited, and so a presidential reception, a boat ride, a gubernatorial reception, and the sights about town consumed the balance of the time. On the whole the Session was up to the average reached by former meetings, but in truth fell below the standard of excellence that should be obtained. The city papers made a beggarly showing of the daily proceedings. They were never so poorly and incorrectly reported. The weather was delightful, and the hospitality of the citizens boundless. Dr Small, of Chicago was elected President for the current year, and Dr. Burgher of Pittsburgh Vice President. Dr. McClatchy was wisely kept at his post of Chief Scribbler. The next session will be held in Cleveland, beginning June 6 1873. Let us hope for a big crowd, and a pleasant time. NEMO.

EDITORIAL.

THE Medical Association of Kansas City, has recently been organized with the following officers: President, W. H. Jenney M. D. Vice President, D. Baker M. D. Treasurer, J. Field M. D. Secretary, Chas. Baker M. D.

POMEROY VS. WATSON. Our last number contained Dr. Watson's views of "Liberal Medicine," and in this number we give Dr. Pomeroy a hearing.

BY ALL MEANS send Dr. Talbot one dollar for the *Pellet*, a spicy little journal, published during the Boston Fair. It is well medicated, and will do your dyspepsia good.

A FAIR is on foot for the Cleveland Homœopathic Hospital. It will be held in September, and be a big thing. Everybody is requested to make ready. The sum needed is $25,000. Donations and bequests are in order.

THE NEW YORK HOMŒOPATHIC HOSPITAL held a fair in May, and netted over $40,000. Boston at the same time held a similar fair, and netted over $75,000. Dr. Penniman, of Minneapolis, left in his will $30,000 to endow a chair of Homœopathy in Minnesota State University. Mrs. Keep, recently gave the Homœopathic Ophthalmic Hospital of New York $100,000, making it the richest institution of the kind in this country.

PERSONAL.

DR. D. H. BECKWITH and family, have gone to Europe.

DR. G. W. BARNES has returned from California, and will spend a few months among his friends in Ohio.

DR. W. F. HOCKING has settled in Cleveland.

DR. W. H. PECK has removed from Vincennes Ind., to this city.

NOTICE OF NEW BOOKS.

GOOD HEALTH for May completes the third volume of this valuable and instructive magazine. An examination of the contents indicates no lack of successful effort on the part of its conductors in providing the public with attractive and useful common sense reading.

DR RIGBY'S MEMORANDA, fourth edition by Alfred Meadows, Lindsay and Blakiston. This neat little work of 104 pages, is a handy pocket companion full of valuable suggestions suitable for emergencies occuring in labor. For sale by L. H. Witte.

MEMORANDA OF POISONS. Tanner, Lindsay and Blakiston. As a book of ready reference nothing could be more concise or easy to consult. For sale by L. H. Witte.

SCIENCE AND ART OF SURGERY &c., adapted to Homœopathic Therapeutics, by E, C. Franklin, M. D. St. Louis, Vol. II, Part I. It will be no small satisfaction to the profession, to have Dr. Franklin's work completed. The present part is devoted to injuries and diseases of joints, affection of the muscles, tendons, and bursæ, and injuries of regions. It is to be hoped the profession will give the work the patronage it deserves, and that we will be soon put in possession of the entire treatise.

TRANSACTIONS OF THE TWENTY-FOURTH SESSION OF THE AMERICAN ISNTITUTE OF HOMŒOPATHY.—Owing to the disastrous fire at Chicago, which swept away almost everything belonging to this volume, and that too after it had nearly all of it passed through the press, it has been delayed in making its appearance until the present moment, But owing to the energy of the Secretary Dr. Ludlam and his assistant, the book comes out without the smell of fire upon its garments. Whatever doubts may be entertained about the value of the Institute sessions, we all feel as we get our annual volume of Transactions, that we have certainly got the worth of all it has cost us. This last volume takes rank with any of its predecessors.

PULMONARY CONSUMPTION, by James Henry Bennett M. D. D. Appleton & Co., we have experienced no small degree of pleasure in perusing this work. The writer is by no means a novice. His experience in the study and treatment of consumption, has been peculiarly abundant. His book grows out of a large mass of clinical observation, and his views are expressed in forcible and positive language. To those interested in the study of this disease,—and who among us is not? will find this work worthy of careful study. For sale by L. H. Witte, and Cobb & Co.

NEURALGIA AND THE DISEASES THAT RESEMBLE IT, by Francis E, Anstie M. D., D. Appleton & Co.

Little short of close perusal, will reveal the value of this book. It has been written with great care, and with an evident conscientiouness and fidelity to truth, and will bear the scrutiny of reader and student. The theme is fruitful, and our Author has presented a very complete discussion of the pathology and etiology of Neuralgia. We shall certainly take issue with him in the matter of treatment, and insist, that his therapeutics are behind the age. The chapters on diseases that resembles neuralgia, are full of interest. They treat of myalgia; spinal irritation; pains of syphilis; pains of rheumatism etc., etc.

THE SCIENCE OF HEALTH, a new monthly by S. R. Wells, New York. We bespeak a hearty welcome for this new journal from the public. It will undoubtedly take rank with the best.

FIRESIDE SCIENCE, by James R. Nichols A. M. M D. Hurd & Houghton, New York. We have already given extracts from this book. The effort of the author to popularize modern science, is both commendable and successful. The subjects treated are thoroughly practical, the knowledge derived from their perusal cannot fail to be of the utmost value to the world. A few of the topics are; the chemistry of a hens egg; chemistry of a cigar; the human hair; chemistry of a lump of sugar; chemistry of the human body; experiments with air furnaces; the clothing we wear, etc. It will prove of interest alke to professional and non-professional readers.

THE URINE AND ITS DERANGEMENTS, by Geo Harley M. D. Lindsay and Blakiston.

Without doubt Dr. Harley's work stands unrivalled as a text book on the urine. Now that so much attention is being given to this subject by the profession, and knowledge upon the chemistry, physiology and pathology of the urine, is considered so indispensable to the modern doctor, it is fortunate that we are furnished with such a reliable guide to their study as this. The illustrations are numerous and excellent. Setting aside the peculiar treatment adopted by the author, the book is every way commendable. For sale by L. H. Witte, and Cobb, Andrews & Co.

THE PHYSIOLOGY OF THE SOUL AND INSTINCT, AS DISTINGUISHED FROM MATERIALISM, by Martin Paine A. M., M. D., L. L. D. Harper Brothers.

Under this somewhat obscure title, the author writes at great length, upon the leading philosophical topics of the day. He discourses learnedly of the Soul, materialism, correlation and conservation of forces; Darwinism, Pantheism, Atheism, Theology, the Bible Geology, and other things too numerous to mention. Great ability must certainly be conceded to the distinguished anthor. If anything can be made out of the positions he assumes, he is fully able to show it. Dr. Paine views the world of thought as going sadly astray. Modern idea are drifting us away into unknown seas. Science and religion are alike becoming infidelic if not atheistic. Says the author, Page 354:

"One of my objects in writing this work, is to render my humble aid to the Minister of Religion, in enabling her to assume a defiant attitude towards the invader, and lay him prostrate at the vestibule of science, when he stands grim-visaged, battering the Temple, on his way to the dark realms of materialism and pantheism. The Bible is nowhere opposed to the interests of science, but the Record of Creation alone, embraces the foundation of all the sciences, and defies as I shall show, the most rigid scrutiny. Nor does it fear that one fact can be found in opposition to the plain teachings of Revelation."

Since so much doubt is entertained in these latter days, in the literal interpretation of the Mosaic acount of Creation, it may be well to occasionally revert to more orthodox views, and to see how the old land marks can be defended by so able a champion of orthodoxy as Dr. Paine

It is our opinion however, that this work is among the last as well as the ablest of studied effort to oppose the progress of modern ideas. To those not possessing the writings of the authors Dr. Paine so vigorously controverts, the Doctor's work will be of value, as in it is summarily stated, the leading doctrines to which they hold. In this respect, Dr. Paine is placing dangerous information before the mind of his readers. And we may be doing some one an irreparable injury by noticing his book. The thought almost paralyzes us.

OBITUARY.

DIED June 4th 1872, EVA only daughter of Dr. D. H. Beckwith.

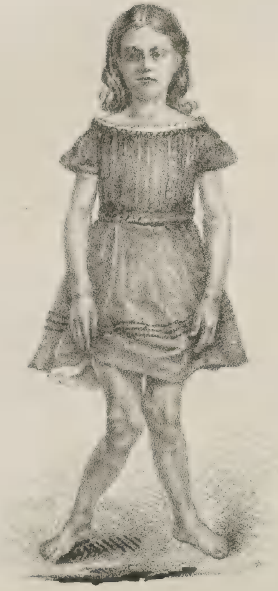
WHEREAS, in the natural course of events, the Angel of Death has visited the family of our esteemed colleague Prof. D. H. Beckwith, therefore,

Resolved, That we express to Dr. Beckwith and his afflicted family, our heartfelt sympathy in this bereavement, with the hope that the voice of sympathy may in some degree, render less lonely, the hearts bereft by the hand of death.

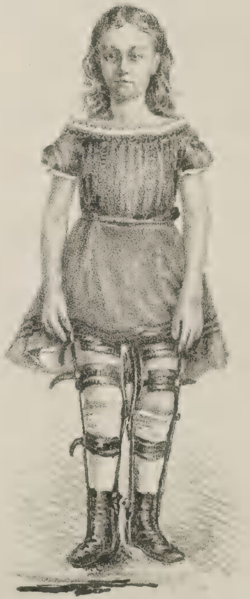
In behalf of the Pulte Medical College.

J. D. BUCK, Registrar.

Cincinnati, June 3d, 1872.



No. 1
Patient before treatment



No. 2
Patient after treatment

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MATTER AND FORCE IN RELATION TO FUNCTION.

BY PROF. J. D. BUCK, CINCINNATI, O.

THE student of nature in its organic or inanimate forms is brought face to face with phenomena, which he tries to apprehend and to understand. From his individual relations to the external world certain questions are presented for solution, viz: What is matter or substance? What is force, and is there anything outside of, and beyond matter and force? That all the knowledge of the universe possessed by man, concerns mainly matter and force most persons are ready to admit, and yet, when we confess our total ignorance of the essential nature of either matter or force, we naturally hesitate in declaring, that outside of the visible moving creation of things, or inside of organized sentient beings, there is nothing else, nothing, that is not comprehended in these two words,—matter and force.

If we take stock of our intellectual possessions we are forced to admit, that while we really know the essential nature of nothing whatsoever, the only real knowledge we do possess is a knowledge of relations, arising gradually by comparison of the known with the unknown; by comparison of one kind of matter with another kind of matter; of one kind of force or impulse, with another kind of force or impulse; and in this manner has arisen the so-called properties of matter as weight, color, malleability, density, &c., properties possessed to a greater or less degree by all known matter.

But, starting with these two terms, viz: matter and force, our ideas have undergone very radical changes concerning them. At first, matter was supposed to follow a blind impulse, and to be annihilated and created by Gods or by Demons, or even by chance, then it was discovered to be indestructible, disappearing in one form only to reappear in another, while force was left to chance or caprice, to be destroyed or created. Finally the grand discovery was reached, that force, like matter, is indestructible, that it can neither be created nor destroyed, that it disappears in one form only to reappear in another. Hitherto, the matter has been regarded as, under certain conditions, inert and motionless, but with the discovery of the indestructibility of force, came a necessary modification of our ideas concerning the matter. If force be indestructible, and matter be also indestructible; if we know nothing of force save as it is manifest in matter, and nothing of matter as separate from, and undisturbed by force, then it follows that our knowledge of the one must be coextensive with our knowledge of the other; and these followed the grandest idea of ours or of any other time, viz: the co-relation of force and the theory of undulatory or molecular motion. Not the palpable, visible motion of matter over matter, but the transmission of motion from molecule to molecule of a mass, and this molecular motion is *always present in all matter*, and finally it was discovered that all the so-called physical forces are to be regarded simply as special modes of motion. A certain mode of molecular motion is denominated heat, another light, another electricity, &c.

Every discovery made in relation to matter necessitated a modification of our ideas in relation to force; so also, every discovery in relation to force necessitated the same modification of us in relation to matter. But these physical forces have been denominated properties of matter. It is true that they were, and still are, manifested in matter, and so far as we know in no other way; but matter and force being inseparably connected, we might just as well declare that the various classifications of matter are the properties of force. Keeping up this old distinction of force as the property of matter, objection is made in some quarters to the extension of these properties, as attributes of matter as materialistic and degrading. Now, if it be true, and nobody denies it, that we know nothing of physical force except as it is manifest in matter, it is equally true—although stoutly denied by most people until recently, and by many persons still—that the higher forces, as those of mind, reason, and intellect, are subject to the same laws as the other forces. We know nothing whatever of mind, or intellect, or thought, or reason, except as manifested in organized matter, viz: the brain; and matter outside of organic bodies has no that property adheres to it more uniformly than does mind in some of its phases to an organized brain.

But the habit of regarding any force as the property of matter, is not in strict conformity with present ideas of the relations of matter and force, and only with those who have failed to grasp the idea of persistent molecular motion as present in all matter—the mode of motion determining the phenomena of matter—is there any hesitancy in applying the same laws to organic life and mental manifestation that we apply to the organic universe. For example, heat and electrictity were deemed properties of matter under certain circumstances, when, under certain other circumstances, the same matter is believed by some to become perfectly inert and motionless; and to endow matter that might be perfectly inert with such a wonderful attribute as mind, is regarded as materialistic, false, and even desperately wicked. But we must remember that mind has no relation whatever to inert matter; but, on the contrary, mind is manifest in the most highly organized matter of which we have any knowledge, and manifest only by virtue of this matter being endowed with the most complicated and wonderfully molecular motion of which we have any knowledge. Hence see we, that these two discoveries in relation to matter and force, arising from the experiment made a few years ago by Count Rumford, in attempting by a very simple contrivance, to establish the true relation between heat and motion, comes the necessity of a complete revolution in, and revision of, Metaphysics and Pyschology. That the conclusions reached, which are the legitimate result of these investigations should meet with considerable opposition, is but natural, when we reflect that they aim at no less than a complete revision of all ideas of man in relation to nature, and to his fellow man, thus touching on his theological opinions, a realm wherein dissentions have always been put down by persecution and heresy and not unfrequently by death. But the motive power of these new ideas is simply the power of truth, and, although persecution swept, as with the besom of destruction every breathing thing from the face of the earth it cannot alter one jot or tittle, the everlasting truth.

If it be desirable that law and order should take the place of anarchy and confusion, and that man's nature and relations should be settled by law and evidence instead of by force and bloodshed, we shall not hesitate as men of science in ascertaining the truth. Every attribute arrested from the unknown, or that realm supposed to be outside matter and force—or rather outside of matter in motive, is an advance in real knowledge. In this manner, one by one, has every attribute with which matter is endowed been derived, although many an idol has bit the dust, many a god has been dethroned; and, if in the end it shall be shown that all force is one with all matter—that God is one with nature, and all nature, one with an infinite intelligence in an infinity of relations—what have we lost by it but our ignorance and superstition, and what have we gained, if the *truth?*

In precisely the same manner, then as we regard any force as the property of matter, may we regard mind or intellect as the property or function of the brain; the sole difference so far as we know is one of degree and not of kind.

But where we pass from the consideration of the manifestation of force to that of function; from simple molecular motion to the most complex correlation of motion we pass from the general to the specific; but, if from our examination of the general, we have been able to deduce no law of action, we shall bring nothing but conjecture and guess work to the investigation. Fortunately for physiology this is is not the case. Every function of the body was at one time given up to imaginary powers. One by one their "shadowy agencies" have been driven like evil spirits from these human temples, until the functions of digestion, absorption, circulation, respiration, secretion, and excretion, are shown to be due almost, if not entirely, to physical laws, forces operating alike in organic and inorganic bodies.

The liver is said to secrete bile. Draper shows that it simply separates from the blood those elements of which the bile is composed, and that by the exercise of purely physical force, and not as many still suppose, by any specific power of the gland or peculiar intelligence, for when we have made the proper allowance for the action and reaction one upon the other of the different elements of which the bile is composed, then remains no need of attributing to other than physical force, the action of the liver, or the function of secretion in general. But if we attempt to apply this same mode of investigation to the operations of the brain and nervous system, it is objected that this will not do. But if the liver adds no element to the bile, simply giving out through one channel what it has received through another, so we may say that the brain adds no new element to thought, but simply evolves, analyzes, and combines what it has received, and gives out through one channel or many, what it has received in one form or another through one channel or through many. In short it is as correct to say that the brain secretes thought. If we deny the latter it is because we have miscarried the former.

Furthermore, if instead of saying that only physical force is concerned in the function of secretion, we say that a peculiar mode of molecular motion gives rise to secretion in any given case, and that this molecular motion arises by virtue of the peculiar developement of the organ which secretes; and again, that this peculiar developement has also arisen from molecular impulse under given and definite conditions, we shall state the facts more intelligently.

We may also say, with no further qualification, that the peculiar mode of molecular motion of a mass of cerebral matter, gives rise to what we term mental manifestation, the manifestation in this case precisely as the other, depending on the organization, and the organization on types and conditions.

This much by way of generalization. When we pass from the general to the special, we are helpless without some law as a basis, some definite mode of procedure.

Suppose, for instance, that without previous knowledge of nerve tissue and nerve function we attempt to comprehend the wonderful mechanism of the brain and the phenomena of thought. Can any task be imagined more utterly hopeless? But suppose we are able to determine that nerve tissue, wherever it occurs, has certain constant endowments; that when we find it in the brain of man, although immensely modified, presenting wonderful complications, we shall find its characteristics to be essentially the same, just as all sound is produced by essentially the same process, and both all the harmony and all the discord of creation is produced by changes rung on a few elementary sounds. The constant endowment or general function of nerve tissue has thus been ascertained. We know that it is the function of the fibre to convey impressions, and of the ganglionic cells to receive, separate, combine or register impressions; and this general law of nerve action was not derived from complicated nervous systems, although made up of combinations of a series of fibers and ganglia; but it was ascertained by studying the phenomena of nerve action in simpler forms, even where the nervous system consists solely of a single fiber and a single ganglion, and from these by advancing step by step through increasing complexity of organization till we arrive at the brain of man: and in all this chain of nervous organizations there is a constantly increasing complexity of form and function; only this and nothing more. Coupled with the fact that man manifests a higher degree of intelligence than any animal beneath him in the score of existence, is the fact that he also possesses a brain and nervous system more highly organized and complicated; and the question arises and forces itself for solution; must we go beyond this fact of a difference in complexity, a difference in degree, to account for man's superior intelligence? When we take up the various phenomena attributable to the nervous system, and endeavor to ascertain how far they are controlled by intelligence, and become matters of consciousness. we are surprised to find how few are really referable to the brain at all, or *essentially* connected with it. All of the functions absolutely necessary for the maintainance of life having been performed for days where the brain was entirely wanting, in fact had never existed; thus showing the automatic or reflex nature of most phenomena over which the nervous system presides. At the last meeting of this Society I referred to the ideas advanced by Herbert Spencer. wherein it is conclusively shown how nerve genesis and nervous systems may, and undoubtedly do, arise by purely physical process, viz: by the transmission of molecular motion through a mass of colloids.

We know that at an early stage of man's development his organism is undistinguishable from that of the chick, and that step, by step as developement, goes on he passes through the corresponding lower forms of life; that his nervous system first appears as a "primitive groove," and that a simple ganglionic cell marks what is afterwards developed into a brain; that at this stage of his developement his nervous system corresponds perfectly with the fully developed nervous system of some of the lowest forms of animal life, and step by step, as being evolves, may this same correspondence be traced up through the higher forms of life, and the functions performed be ascertained by studying them as performed in fully developed animals whose orgnnization rises no higher. Every phase of animal life is thus concentered and typified in man, and the developement and birth of every human being demonstrates incontrovertably the law of evolution.

Dr. Lindsay has shown by very extensive investigation of "The Physiology of Mind in the Lower Animals" that man possesses no single faculty or attribute which is not possessed *essentially in kind* by some of the lower animals; and we may go further and declare that none of the brute creation possess faculties that are not typified in man.

This law of evolution by which the successive forms of life arise, and by virtue of which individual man is enabled to be born a sentient being and to develop his intellectual faculties, and in short his whole nature is a demonstrated fact, and is now passing through the usual phazes which Aggassiz declares to be incident to all newly discovered truth. "When a new and startling fact is brought to light, people first say that it is not true; then, that it is contrary to religion, and lastly, that everybody knew it before."

To the elucidation of this great law I can hope to add but little, I can only refer to what has already been achieved by others, men every way qualified for the arduous task in which they are engaged. That its discussion is intimately related to Physiology, no one at all acquainted with its bearings will attempt to deny, and if of such vast importance, and related to Physiology, then a proper subject for this Society to discuss or investigate.

Matter and force, although not identical, are nevertheless inseperable; so is organ and function. We know nothing of mind save as the function of an organized brain; disturb the organ and you pervert the function; develop the organ and you develop the function.

The mind of man looking inward on consciousness, may dream of or deny the soul's immortality; looking outward; by exact science it will *demonstrate* it. Immortality is more than foreshadowed already. With indestructibility of matter, and indestructibility of force, we have persistance of motion in matter; a perfect *unity* in the physical universe; the foundations are laid in the eternal verities. Comprehending thus not the *essential nature*, but the *essential relations* of the physical universe, let man but grasp the ultimate relations of organization, as he certainly will, and man's immortality stands a demonstrated fact, not an article of faith or a question of doubt.

Every step that man has taken towards the comprehension of nature's laws, has been marked by his elevation in the scale of being, every denial and subversion of these laws by his degradation. It is becoming more and more apparent that man is one with nature, and as the mind of man comes more into harmony with the divine intelligence which pervades all nature, will he comprehend *The Eternal Unity.*

"MEDICINE AS A LIBERAL SCIENCE."

BY DR. C. C. COX, WASHINGTON, D. C.

AT the reception given to the American Institute of Homœopathy by Governor Cook of the District of Columbia, Dr. C. C. Cox, the well-known President of the Board of Health of the District, was called upon to respond to the toast: "Medicine as a Liberal Science," Dr. Cox said:—"It is not necessary to assure you, gentlemen, how sensibly I feel all the kind expressions I have heard here to-night, and on prior occasions since your Institute has been in session. Excluded, as I have been, to some extent, from that class with whom my sympathies and hopes and ideas have been identified for so many years, I find myself, to-night, a stranger amid those who by the regular profession, have been placed beyond the pale of professional, and, I was about to say, almost of social civility and courtesy, and yet the recipient of courtesies and of hospitality denied to some extent by my professional household. I need not say to you that I do not feel degraded by the company in which I find myself, but, on the contrary, I will assert that I feel myself honored. I do not feel that, in meeting with this intelligent body of co-operators and colaborers in the cause of science, I am violating any just principle of ethics or etiquette, but rather obeying the dictates of common sense and common justice and common humanity, and upholding the balance between man and man. (Applause.)

" The sentiment to which I find myself called upon to respond is, *Medicine as a Liberal Science.* Sometimes the very best method of illustrating a subject is, to exemplify by something not exactly in accordance with the principle involved ; and thus I shall attempt to illustrate the liberalism not so much of medical science as of medical men. You will doubtless all recollect, if you have read the newspapers of the country, and most of you are doubtless familiar with the fact, that I stand proscribed by that branch of the profession to which I belong in this city, because I dared to take a seat at the Board of Health, a member of which Board was a homœopathic physician.

" The story is a simple one, and soon told. On the 3d of April, 1871, I was tendered the appointment of membership of the Board of Health of the District by the President of the United States, which appointment was subsequently confirmed by the Senate. The Board of Health at that time consisted of two physicians and three laymen; of the physicians one, Dr. T. S. Verdi, whose qualities as a gentleman of refined culture and ability are known to you all, was a Homœopathist. I had associated with Dr. Verdi in the capacity of church vestryman and as a member of the Board of Trustees of Public Schools, had generally lived in the same square with my accomplished friend, and should as soon have thought of being called to account for associating with him in either of these capacities, or for living near him, as for engaging with him in the performance of a public duty so important as the one to which we were accredited. Nor could I think that I was violating any principle of any code of ethics, or injuring any medical man in the country, or in the slightest degree breaking the obligations due by me to that profession which I had always honored, and whose honor I had scrupulously guarded throughout my professional life. But the proscription did not end with me alone; for, like a leper of old, I was to be put aside, and every man was cautioned to avoid approaching me, lest he should become contaminated. An eminent physician of this District, Dr. D. W. Bliss, who is present with us to-night, invited me to consult with him during the illness of our beloved Vice-President Colfax, and for so doing he was expelled from the Association which refused me admission because I served upon the Board of Health with Dr. Verdi. (Cries of shame! shame!) He was expelled from this Society and made a professional criminal of, because he dared to consult with one who dared to assist a homœopathic fellow citizen in obeying the behests of the Government which he had pledged himself to support, and engaging in the great and noble work of caring for the public health and preserving public life. Is it any wonder that the press of this country, with the most marked unanimity everywhere, denounced and rebuked this high-handed assumption on the part of the Medical association of the District of Columbia ? The most biting sarcasm of all those uttered by the press of the land on this act, came from an allopathic medical journal published in Philadelphia, and which pronounced it scandalous and simply ridiculous. Neither Dr. Bliss nor myself suffered any material damage, nor are we conscious of having lost any measure of public respect or public confidence, in consequence of this great bull of excommunication issued.

"This matter was brought to the notice of, and words were uttered against my admission into, the American Medical Association at Philadelphia. I regret it was not in my power to be present at that meeting, so as to have brought up the question and demanded a vote on the issue between the Medical Society and myself, and between Dr. Bliss and the Medical Society. And when the question does come up, I have too much confidence in the sense of propriety, intelligence, and fair dealing of the American Medical Association to believe that any other result can or will be arrived at than a triumphant vindication of both of us from the slanderous and infamous aspersions heaped upon us by this District Society.

Dr. BLISS, interrupting: "You have greater confidence in them than I have then."

Dr. COX, resuming: "I do not intend to discuss here the general principles of medical ethics, but I defy any man to show that the Board of Health has violated, in the slightest degree, any form or principle of the code of ethics; nor can I perceive how, by any sort of twisting process, the question of therapeutics, which is the only point of difference between the schools, is in any way involved in any of the questions which come before the Board of Health, or in any of the actions of that

Board. In anatomy, physiology, hygiene, surgery, and chemistry, I take it, gentlemen, that you, deriving your knowledge from the same source as ourselves, are quite as learned as we dare to be.

"And now, gentlemen, I say proudly, that I stand here to-night an allopathist endeared to my profession, a member of that old American Medical Association, and one of its ex-Presidents, and its first representative to the medical societies of Europe; but should the time ever come when the verdict of that Association shall be given against me on the principle involved in my case, I tell you that, as much as I love it, as much as I regard the social connections I have formed in it, I shall go forth from it with the proud consciousness of having done nothing which in any way affected my obligations to my professional brethren, and that my sole cause of offence had been, that I had subserved the cause of humanity and liberal principles, and had chosen to exercise that right of private opinion and private judgment which, hy the help of God, I have learned constantly and fearlessly to maintain, and hope to do so until the last hour of my life. (Applause.) The time will never come when I will withhold from any true gentleman, be he allopathic or homœopathic, the amenities and courtesies of life. (Cries of good! good!) The time will never come when I, as a member of any body engaged in service for the public good, shall stop to inquire whether the man who sets next to me is a disciple of Galen or of Hahnemann; but I shall, on the contrary, give to him the right hand of fellowship, and vie with him in promoting the public interests committed under God to us to subserve.

"You all no doubt agree with me, gentlemen, that it is high time that men engaged in the great mission of healing the sick should cease their wrangling and quarrelling. (Applause.) The work to be done is too great, and the time to do it in is too short, to allow any part of it to be wasted in bickering and strife. We should remember that we live not in the ninth but in the nineteenth century; we should bear in mind always that medicine is not an exact science, and that it is so far from perfection, that it is simply presumptuous for any one of our class, or for any class, to wrap himself, or themselves, in the cloak of exclusiveness, and dare to say that he or they are the only defenders of the true science. It is presumption for one class of men—and in this connection I regret to allude to the American Medical Association—to say that because one is of a particular color, or believes in the doctrines of Hahnemann, or he or she entertains opinions of their own in regard to the practice of medicine; it is the height of presumption I say, for any class of men to declare that against such applicants the doors of the temple of science are to be closed, and they are not to be permitted to enter. God gave a measure of intellect to all, and he entitled all to the broadest culture, and the man or the number of men, or the body, that lifts its hands to prevent this cultivation of the mind, and attempts to repress it in any way, is raising hands against the Maker and Ruler of the Universe.

"Now, gentlemen, I fear I have tired your patience."

DR. LUDLAM: "Our patients are at home, Doctor."

DR. COX, resuming: "I wish to say here, that it is alike the duty of Allopaths and Homœpaths, as a body of devotees to science, to join together in an effort to break down the barriers of bigotry and predjudice that exist to-day. (Cries of good! good! and applause.) It is our duty to stand together in an effort to put down exclusiveness. This should be the purpose of every true lover of science, and each one should emulate his neighbor in paying his mite towards the great general store of human knowledge.

> "'Then let us pray that come it may,
> As come it will for a' that,
> That sense and worth, o'er a' the earth
> May bear the gree, and a' that,
> For a' that, and a' that,
> It's coming yet, for a' that,
> That man to man, the warld o'er,
> Shall brothers be, for a' that.'"
>
> —*Hahnemannian Monthly.*

MEDICINE AND METAPHYSICS.

BY A. O. FULLER, M. D., MADISON OHIO.

WE have treatises on Medical Jurisprudence, or the relations of medicine to civil law, why not discuss the relations of medicine to moral or spiritual law? Does not all truth relate to all other truth? Has not man a spiritual as well as a physical nature? We cannot understand one separate from the other. Man is a unit, and all parts of his nature must be taken into our estimate before we can understand what human life is, be able to fathom its mysteries and measure its normal states, and to distinguish them from disease so as properly to direct our healing ministries.

What! say you, will you introduce a new element into medical science, already largely made up of half-defined mysteries? Surely there is enough of the unknown within the realm of physics without seeking to explore the void beyond, where universal chaos seems to reign.

But chaos is only so to the dim eyes which fail to see the sublime order that rules the atoms as well as the worlds, and so long as our mission is with human life, it is our work to study all its phenomena and never rest till all its enigmas are solved.

If we leave out of view man's spiritual relations we shall fail as signally to form a true science of human life, as did astronomers fail who based their views upon earthly phenomena alone without considering the existence and magnitude of the heavenly worlds.

If man is a spiritual being, with an existence that may be distinct from the present physical form, it is surely of vital importance that physicians whose work relates to human life alone, should *know* this fact, and not give it merely a dreamy assent.

We should measure the length and breadth of life and whatever concerns our work and enters into the elements of our science. Do we not all know that mental states induce disease and death? We may be saved by hope, or destroyed by despair. We may be buoyed beyond the reach of death by love and joy, or depressed to the grave by grief and vindictive passion. We may soar through the Empyrian on angel wings of divine affections, or drag a miserable existence through miry ways of debasing lusts and pollution.

Certain health institutions treat disease successfully by setting the mind at rest in the assurance of religious faith. If a patient's mind is burdened with doubt and his heart filled with the terrors of a false theology is it not a remedy duty indicates, to free the vital powers from such an incubus, as we would relieve congestion, or remove pressure from a tortured nerve?

Shall we attend a patient through months of painful illness till professional interest has deepened into friendship, and then see him prepare to lie down in the last sleep with visions of a future peopled with torturing demons, conjured up by heathen mythology, when we may give assurances of a future where infinite Love bends with more than maternal tenderness over the erring, suffering child of earth, and will provide conditions more favorable to virtue and happiness than mortal life affords?

What cruelty to permit a sensitive woman, bearing with saintly patience greater suffering than a martyr in the flames, whose spirit purified from earthly dross craves release from a tenement on which death has set its seal, to be met with the horrid prediction made in the name of religion, that the same body shall again be raised in youthful perfection and beauty, only to undergo inconceivable physical torments in flames, and, as a prominent preacher lately said: that "*the cheek of beauty shall be scratched with the claws of fiends?*"

Shall we leave one who has committed her life to our care to such torturing fancies, because, perchance, she has not given adherence to some abstruse creed, that can be comprehended only by long pupilage, in which reason and judgment are held in abeyance to assumed authority?

The end of our efforts is to prolong and save human life, add to happiness and relieve suffering. The dread of death and futurity embitters life and hastens the approach to the grave. Why not combat a foe to life in this unseen form as much as when in the guise of some acute disease?

I would not make the REPORTER a medium of theological controversy, albeit its Editor is not held to endorse all the opinions of its contributors, but I conceive it is in harmony with the genius of our progressive system of medicine, to embrace in our researches every field of thought from which we may bring truth relating to man's highest spiritual life and happiness.

If we have the boldness to defy a false system of medicine, a hoary giant—error—that has poisoned the fountains of human life with potions more potent than Lapland witches ever concocted at midnight hour—that has subjected man to its cruel tyranny for thousands of years; shall we fear to unfurl the banner of free thought before the devotees of narrow creeds and the slaves of unreasoning authority?

Error has held man in spiritual and physical bondage through all time. Truth alone can make men free. Error spreads a veil of midnight darkness over the earth. Truth brings a light more glorious and life-giving than that of the sun at noonday. Eternal vigilance is the price of liberty. We must yield ourselves again the slaves of error, or else assert and vindicate the right of free thought. We must walk again in darkness, or else rend the veil of false systems of belief, and follow the divine light of truth wherever it may lead us. If we are met at the entrance to any field of thought by those who claim to hold the key of knowledge, and assert its ground is too sacred for our tread, shall we fear to question their authority? Shall we not rather scorn their pretensions?

The Father of Spirits who has given us desires for knowledge, has made no place in the universe into which thought may not penetrate, governed only by the reverence inspired by love of truth and a sincere desire to know ourselves, our relations to the universe, and the path of duty and true life determined by these relations.

SMALL POX AND ANIMALCULÆ.

Some six or eight weeks ago a physician of this city, Dr. E. C. Beckwith, began a series of microscopic observations, with a view of discovering, if possible, the true nature of small pox. About four weeks ago he informed us he was satisfied that the cause was a microscopic animal. Since the publication of the observations of the German physician, the Doctor declined to publish his, as it has already been done so much better by another.

The Doctor enumerates numerous reasons why the animalcular theory should be accepted as the true cause of small pox, and the true condition of vaccination, among which he states the following:

1. A portion of cow pox placed under the field of a good microscope, showed motion among the particles. This statement is made, knowing the liability of mistakes, and that many other causes, besides a specific animalculæ, could produce the observed motion of particles.

.2 Vaccine virus must be fresh to produce its specific result, *i. e*,, alive. After becoming old and dry the animalculæ die and cannot grow in any system. No care in vaccinating, *i. e.*, transplanting, can revivify the dead animal.

3. The animalculæ become hybrid by passing through the system of a cow. All hybrids propagate poorly. Animal hybrids propagate rarely.

4. Vaccination from the cow, and from other vaccinations in a state of lymph, require a longer time to develop than from an ordinary "scab." Why should this be so? Answer: To allow the animalculæ to perfect their development, which was cut off by removal before they had attained full age.

5. Epidemics of small pox are far more fatal than sporadic cases. Some epidemics are more fatal than others. Why? The animalculæ in severe epidemics are stronger and more vigorous, and consequently beget a more numerous progeny. In such epidemics persons suffer from more small pox or animalculæ.

If a given vaccination produces more than one specific "scab" it is rejected, and not used in vaccinating others. If this were not so we should, in time, have cases of true variola from vaccination. On the other hand, the specific character of the virus often runs out and will not propagate itself—hybrid like.—*Zanesville Times.*

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.

BY T. F. POMEROY, M. D., DETROIT, MICH.

I AM bold to assert that there is no common ground upon which homoeopathic therapeutics can meet or upon which they may stand or act together with the therapeutics of any other school of medical practice, and this simply because they have no principle in common. Bear in mind that I am speaking now only of therapeutics, not of those branches of science that are common to all schools. As well might the problems of Euclid be solved by the rules of syntax, or those of algebra by the laws of logical deduction, as the methods of homœopathic therapeutics be made to conform to those of allopathy or electicism. Therefore, by no possibility may a homœopathic physician depart from a practice consistent with the principles of his school, and still retain the distinction its name implies. He may become a hybrid, but he is no longer a homœopathic physician.

This view of the subject can not by any possibility be interpreted as one of sectarian intolerance, or of exclusive bigotry, inasmuch as it demands only a deportment consistent with accepted and well established principles; nor does it preclude the greatest liberty as to thought and action within the limits of the therapeutic law which distinguishes ours from all other schools of medicine. It allows the greatest possible freedom in the matter of high or low dilutions, leaving the question as to the dose an open one until future observations and enlightenment shall settle it beyond dispute; nor does it exclude from fellowship or sympathy any who may desire to accept the distinctive precepts and to adopt the methods of practice that distinguish homœopathic therapeutics from all others. Sectarianism relates to matters of opinion and belief, and can not apply to those of science, nor to any system whatever that is founded upon natural laws; nor can a spirit of intolerance or of bigotry by any possibility reach or affect fundamental principles. Therefore in all matters that require or demand tolerance and a perfect freedom of opinion and action as to faith and practice, science sustains no relationship, and there only may sectarianism thrive.

Homœopathy has recently been defined as "the modern school of rational and liberal medicine," and it is the author of the above definition, I believe, who, in a recent address before the New York State Homœopathic Medical Society, has written as follows, viz:— "The tendency of medical thought, both in this country and in Europe, renders it no longer doubtful to the observing mind that with the adoption of the essential principle of homœopathy, but probably with the rejection of the name, there will ere long be formed a coalition of the more rational and liberal minded members of the two schools. Then will have come the millenium of medicine." To bring about this result, one of two things must be done; either "the rational and liberal minded" of the allopathic school must become Homœopathists indeed and in truth, or the liberally disposed of our school must abandon its "essential principle" with the rejection of the name of Homœopathy, which would be the same thing, as our distinctive name at once embodies and defines its essential principle. Mahomet must either go the mountain, or the mountain must come to Mahomet. Principles must yield to policy, or policy to principles. As I have before said, there is no possible common ground upon which Homœopathists and allopathists can stand in the matter of therapeutics;

outside of therapeutics, coalition and agreement are possible as they are also most desirable. A toleration of adverse views, a freedom to think and act in opposite directions among medical men, would indeed introduce "the millenium of medicine."

It is a noticable fact that this demand for liberty of opinion and for toleration comes mainly, if not wholly, from those quarters where it is most needed; from those whose medical practice is neither square nor plumb with the principles of homœopathic science or the requirements of its law of cure. I know of but one exception to this assertion, of but one individual who enters this plea who is not in practical need of it, and he is one who is most highly esteemed and respected, not only for his personal worth, but also for his high and well merited reputation as an intelligent and consistent *practitioner* of Homœopathy. As a rule, however, toleration is not demanded, as it is not required by those who have comprehended and are thoroughly imbued with its principles, who are faithful to its law and thoroughly read in its materia medica. It comes principally from those whose homœopathic perceptions are imperfect, and whose homœopathic education is incomplete; hence it is that they require, as they demand, a support and sympathy outside the tenets and usages of a strictly homœopathic practice. This is the class of homœopathic physicians who seek affiliation from Allopathy, and who desire a recognition and a fellowship which they call rational and liberal.

As there can be no opinion or belief as to the principles and laws which govern mathematical science, and as those which regulate the investigations of chemical science are not matters of faith or of judgment, so also should Homœopathy, if it be indeed and truth a science, maintain the infallibility of its fundamental principles, and the inviolability of its therapeutic law. To abandon or to reject the name of Homœopathy, is a virtual abandonment of its principles, as it is a practical denial of the universal applicability of its fundamental law. The consideration even, of a proposition to do this, brings with it a feeling of degradation, a sense, if not an acknowledgment of defeat, and I for one hesitate not to affirm that any effort to compromise a system of therapeutics which is itself founded upon natural laws, and which for so many years has been demonstrated to be a benefit to humanity, becomes a crime against humanity, which at the outset should be denounced and opposed by every faithful advocate of Homœopathy, as by every true friend of the human race.

The necessity for the greatest caution and the most jealous vigilance on the part of the friends of Homœopathy was never greater than now. We are assailed on every side with demands for compromise, with pleas for liberty of opinion and freedom of action ; at home and abroad the cry is heard, and with such plausibility and speciousness that we are almost persuaded that sectarian intolerance is indeed a part of our system. If this demand had assumed only the form of a cry, or the noise of a clamor, we might turn a deaf ear to its entreaties and pursue the even tenor of our way. But unhappily it has assumed a more practical and therefore a more dangerous aspect, having taken shape and presumed upon definite action. Our institutions of learning, our medical schools have already far too largely listened to the syren song of freedom of opinion, and have adopted a freedom of action wholly unwarranted by their professions, while some of our medical societies with patient attention have been beguiled by the specious plea for a rational and liberal school of medicine, the promised medical millenium ; and the great congregation of half-fledged Homœopathists while nestling under the protecting wing of our therapeutic law, and lustily crying out "*similia similibus curantur*," join in and swell the chorus.

I have thus drawn but the faintest sketch of the veritable facts than an attentive observation must daily, almost hourly, recognize as a truthful picture of the events that are transpiring within our borders. I make no reference to those outside of them ; they are only inspiring, and stimulate to greater faithfulness to our professions, and a firmer reliance on the principles we advocate. Our only salvation as a distinctive and consistent school of medicine lies in the direction of a firm adherence to those principles which our great master, Samuel Hahnemann, discovered, and in a deeper conviction of the truths which their discovery has developed, and which lengthened observation and experience have confirmed, It is to this end that I have on this occasion directed your attention to the fact that Homoeopathy is the *science* of therapeutics, and therefore is the science of medicine, and that as a true science it admits of no departure from the requirements of its inherent laws, of no coalition or fellowship with those methods of medical practice that are in opposition to its principles or at war with its precepts.

Our plain duty as members of the homoeopathie profession, is to exact, both from those who would teach in our colleges, and from those who would learn, a higher grade of scholarship than is now demanded. Many who are now teachers might profitably to themselves, and creditably to the profession, become scholars ; not a few who are students and very many who have been permitted to graduate from them as full fledged doctors of medicine, should never have been allowed to martriculate even. The standards of medical education are constantly elevated, and the requirements of the medical profession with its responsibilities are far greater than years ago, when general literature and science were in a comparative infancy. Much more of general education, a far greater degree of special training is now requisite for the higher, not to say the highest type of medical ability and skill. Surely then Homeopathy which has assumed as it has maintained the highest rank in its speciality—Therapeutics—should not permit its representatives to occupy a lower position as to general literature and science than those of other schools of medicine, or of others of the learned professions, or even of the better educated and more accomplished in other and the ordinary callings of life. The homeopathic physician of all others should be required to fill at least the measure of intelligence which the average of his cliency represents.

In concluding these remarks I have only to add that if I have spoken plainly the sentiments I entertain, and have earnestly urged my convictions upon your attention, it is because I value of far higher importance the welfare and future advancement of homeopathic principles than I do the approbation or the good opinion of individuals, if indeed the withdrawal of them is to be the penalty in the future as it has already been in the past to those who have presumed to differ or have dared to speak or write in opposition to the views and schemes of some of the veriest advocates of liberty of opinion and freedom of action. A liberty of opinion, forsooth, that will not tolerate investigation or endure criticism, of what possible value can be the good or the ill will of its advocates, in comparison with the claims and merits of a truly humane and scientific system of therapeutics, even though it may be aggregated into associations, or compacted into faculties. The satisfaction of having honestly maintained the right, of having consistently advocated and practiced the principles and precepts of our system, and the gratification of having uniformly witnessed its beneficent results, must be the reward, perhaps the only reward in the way of approval, of those who would with integrity and with intelligence vindicate the truths of homeopathy.—[*Annual Address of the President of the Michigan Homœopathic Society.*]

HEADACHE OF THE LYING-IN. *

BY PROF. J. C. SANDERS.

There are few in the profession much experienced in the maladies of the Lying-in who have not sometimes encountered a peculiarly intractable headache.

This headache has no necessary relation to the severity or duration of the precedent labor, nor to the so-called "milk irritation." It is true, however, it rarely antedates the latter and sometimes seems to take its origin from it or follow it as a sequel. It is always aggravated by severe precedent hemorrhage, and sometimes is hardly to be distinguished from the headache, which, always more or less succeeds to such hemorrhage. It may be distinguished further. It is rarely accompanied with any special heat or dryness of skin; or with any special thirst or dryness of mouth; or with any special determination of blood to the head; or with any special heat or flush of face, though one or both cheeks however, are sometimes inordinately red; this, however, is rare. Indeed, pallor of face is a marked distinguishing peculiarity. It is, moreover, rarely a beating or throbbing headache, but on the contrary, a steady, unabating ache; sometimes confined to the temples, one or both, sometimes to the forehead and sometimes to the occiput; but wherever located, persistent, intractable, rarely violent, except after exhaustive hemorrhage.

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* Read before the Homœopathic Medical Society of Ohio.

The digestive center is disturbed only to the extent of rendering the appetite delicate, or capricious, or wholly wanting, and the bowels torpid though not specially constipated.

Apart from this general statement of its features, there are four symptoms which, if vouched for, never will be found wanting, therefore characterise this headache.

1. A preternaturally rapid pulse.
2. A tender spot somewhere in the hypogastric region having its seat either in the uterus or ovary, one or both or at some point on the expanse of membrane which makes up the broad ligaments.
3. Morbid Lochia, generally scanty and offensive.
4. More or less deficiency of the milk secretion.

She has not necessarily any pain at the seat of the tenderness, nor is she necessarily conscious even of the tenderness, except on examination, as by firm, deep pressure by the hand or finger of the examiner.

Such a Lying-In case is popularly designated "neuralgia," and naturally enough, for we sometimes hear the medical attendant imputing the causus morbi in such a case to neuralgia, and the patient doing well with this exception. Again, this Lying-In headache is sometimes attributed to general weakness, and the patient is pressed with food to renew her strength, or goaded with stimulents of some kind or other, a course, however, which invariably aggravates the case, and sooner or later is obliged to be abandoned. It is true, however, this headache, as before remarked, may be associated with a weakened and impoverished blood-mass, as after great blood losses, but even in such cases, the weakened blood power is not the source of the malady, but an aider and abettor of it, and always more or less seriously aggravates it and protracts its convalesence. The imputation of this headache to general weakness leads invariably to faulty and mischevious regimen. Moreover, the real or fancied wants of the child are often made gravely to aggravate the headache, and in the same general direction. The mother is challenged to eat more generous and stimulating food, with which to revive her strength and increase her milk for her child, and to the same end is often counseled to sit up, or walk around, or even ride, for exercise, in a vain endeavor, however, to drive off the only patent symptom that stands between her and complete convalesence.

TREATMENT.—In regard to the professional management of this malady my observation has been this, that there is abiding relief whenever the regime or course of Therapeutics, except as this local, tender spot, becomes relieved of its burden of congestion and inflammation.

1. By Regimen.

Continuance or resumption by the patient of the lying posture, with great quietude of body and mind. Her bed-chamber should be kept well ventilated. Her care of her babe made as light as possible. Her food simple and bland, though for this reason her babe has temporarily to be fed artificially. Her bowels, especially the rectum and lower section of the colon, should be relieved of impaction, if this condition exists, as is often the case, by injections of hot water, slowly, gently and carefully introduced. In case the lochia is offensive, as it predominantly is, hot vaginal injections, once or twice daily, with simply hot water, for only a hot temperature feels agreeable to her, or will do her any good, medicated by a lower dilution of the same drug, that the single or totality of symptoms has indicated as the remedy in the case. The only exception to this suggestion is in case of preceding hemorrhage, or the lochia is, has been, or is now, excessive.

2. By Remedies.

Few remedies are required to meet this exigency. One alone often proving sufficient. The drugs, beyond which we shall scarcely need to consult, are Acon., Apis., Mel., Bry., Bell., Gel., Macrotys, Nux Vom., Puls., Sepia.

I will not burden this paper with these symptomatic indications. My objective aim has been fully attained if I have succeeded in directing the attention of any, interested in this article, to the essential nature of this common and intractable lying-in malady, and indicated in general terms the regimenial and therapeutic course for its certain relief, and sure and speedy cure.

CEREBRO-SPINAL MENINGITIS.*

BY W. WEBSTER, M. D., OF DAYTON, OHIO.

Cerebro, Spinal Meningitis has prevailed as an epidemic, in and around Dayton during the last Winter and Spring; although we have had a few cases occasionally for the last ten years. In some of the surrounding towns and villages, it has been almost universally fatal, scarcely a patient being cured. The same result has attended the allopathic treatment in our city, so that the leading allopathic physicians have publicly and privately acknowledged that they are powerless and helpless in regard to its medical treatment.

Our health officer, in his annual report to the City Council, states that we can do nothing for it, and closes his report by saying that, "outside the general good arising from a healthy state of community, affording a certain individual power of resistance, we are absolutely at the mercy of this fearful scourge."

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*Read before the Homœopathic Medical Society of Ohio.

It is a fearful scourge; some families have lost several children in a very few days; some have died in eight hours after the attack, which frequently comes on abruptly in the midst of apparent health. The attacks were generally ushered in with a violent chill, then violent reaction, high fever and delirium, more or less rigidity of certain muscles--generally the cervical muscles—causing the head to be drawn back on to the spine, so closely as to render it difficult or impossible to get the finger or hand between the neck and occiput. This rigidity would frequently last a week—in one case it lasted three weeks—in another, a child six months old, it was attacked in the usual manner, a chill, then fever, attended with three violent spasms or convulsions, the last paroxysm continuing four hours, during which I was called to see it. The general spasm ceased, but the head was drawn around over the right shoulder, and the right arm fixed rigidly behind the back. This condition lasted ten days, rendering it necessary for the mother to hold its back to her breast in order to give it nourishment. Red pimples or spots came out on the skin, after about the third or fourth day, and gradually faded away.

This case occurred nine years ago. It recovered entirely, and is now a fine, bright, healthy girl, showing no sequelæ of the disease. I mention these items more particularly from the fact of the generally prevalent opinion, in community, that patients never entirely recover from the dregs of this disease.

Some cases recover in a few days, others linger for several weeks and die. One case remained under the treatment of two of our most experienced allopathic physicians ten months and then died.

They do not all have spots, perhaps about three-fourths of them have the eruption. Sometimes it is a rash, red and small; in others, purplish. I have generally observed the purplish eruption, or spots, to be larger than the red spots. In one case the eruption on the face and neck was vessicular, resulting in pustules and drying off into scabs or scales. It has not seemed contagious, although two or three in a family may have been attacked with it, but neighbors and their children, being constantly in attendance on patients and in the sick room, have escaped. There was one exception to this. A little girl, eleven years of age, living next door to a neighbor, where the mother had been lying sick with the disease for six weeks, ran one mile one night to a fire, became very warm, then chilled, took cold, next morning complained of pain in the knee, then the limbs, back and head, then spasms occurred. Two eminent allopathic physicians pronounced it spotted fever, and she died in twenty-four hours after the attack.

A soldier died with it at the National Asylum, near our city, and on post mortem examination there were found congestion and extravasation about the cerebellem and sergical portion of the spinal marrow, also some deposits of puruent matter.

The breathing is sometimes loud and snoring, even when the patient is awake and conscious, producing rather a hissing sound. The tongue is coated yellow, or a yellowish brown, and dry. Food and drink are taken rather hurriedly.

PROGNOSIS.—Although this is a violent disease, abrupt in the attack, and rapid in its first manifestations, yet with prompt treatment and close attention we can, in the great majority of cases, calculate on recovery. As in all other violent diseases the prognosis is modified by age, temperament and strength of constitution.

TREATMENT.—The remedies mostly relied upon were Acon., Bell., Arsen.. Gelsem., Rhus-tox.

Aconite $^{1}_{x}$—Violent chill, with high reaction, nervous, restless, quick, doing everything with a jerk, parched throat, violent thirst, &c., faintness on being raised up in bed. Repeat the dose every fifteen minutes until the fever subsides.

Gelseminum $^{1}_{x}$—The symptoms the same as described for Aconite, excepting there is dulness and stupor instead of nervous agitation, slowness and sluggishness, and a sensation of great fulness in the head ; some thirst, but not so great as in the case requiring Aconite. Vertigo, but not the faintness on being raised up in bed ; purplish spots on the skin. Dose of Gelseminum every 1 or 2 hours.

Belladonna $^{2}_{x}$—After the violence of the chill and fever is arrested, but the pain is principally in the head instead of the spine, sharp, nervous shocks or scintillations, darting through the brain, relieved by being elevated on a pillow, delirium at times, hot head and cold feet, sees sights when closing the eyes, feels like falling or flying, red or scarlet eruption. Dose every 2 or 3 hours, and perfect quietude in the room.

Rhus tox. $^{3}_{x}$—This is the principal remedy in this disease. Pain in the head, posterior portion and base of the brain, extending down the neck to the dorsal vertebrae, forced or irregular breathing, the head drawn back ridgidly on the neck between the shoulders, stiff neck, violent pain on endeavoring to straighten the neck, eruptions on the neck resembling zona or shingles, which dry up in 4 or 5 days and scale off, complete opisthotonos in some cases, yellowish brown tongue, parched tongue, drawn back against the roof of the mouth, sudden shocks fly up the cervical portion of the spine,extending up to the brain, causing the patient to scream out, can't lie still, will suddenly jump up and out of the bed, wants to sit up in the bed, then in the chair, generally uneasy and restless, rather chilly at times, although the skin will not appear cold to others, involuntary diarrhœa in some cases, also involuntary discharges of urine. Dose every three hours.

Areniscum $^{6}_{x}$—Low prostration after several day's sickness, low delirium, dryness of the mouth and throat, restless, throwing the clothes off from the bed, tendency to watery diarrhœa slimy diarrhœa, of foul smelling stools urine passed involuntarily, purplish or ash colored spots on the skin ; cold, clammy skin, paralysis, frequent thirst, drinks but little and wants it often. Dose every 3 hours.

DIET AND REGIMEN.—Nutritious, but not very stimulating diet. After the first few days keep perfectly warm and quiet, plenty, but not excess of, light, free ventilation at all times, avoid all tight lacing and bandages, encourage free circulation of the blood, keep the room quiet, and avoid all interference of busy-bodies, self-conceited and knowing persons.

SURGICAL DEPARTMENT.

BY H. F. BIGGAR, M. D.

GENU VALGUM—DEFORMITY—HISTORY.—(Plate No. 1 represents patient before treatment and No. 2 the patient with splints.) Æt 14 came under treatment June, 1871. When four years of age had measels and treated with large doses of calomel, which resulted in deformity of the knee joints ; the knees converging to each other while the legs diverged. Each external condyle forms an apex of a triangle, the bases of which would be represented by a line drawn from the trochanter major to the external malleolus. So great was this deformity that the patient was unable to walk.

REMARKS.—In this clinic there is atrophy of each external and hypertrophy of the internal condyle, the tibia articulating with the latter. In some instances, if the outer tendon is very tense, we resort to tenotomy, but this patient has been treated with well applied splints, which permit her to work with ease and comfort. By the use of the splints the deformity is lessening and by their continued use for a few months, complete restoration is expected.

Genu valgum, or knock-knee is generally complicated with talipes valgus. It may be induced or congenital. Frequently it follows from congenital talipes valgus, and there are instances of the latter resulting from the congenital deformity of the former. In this clinic there is atrophy of each external.

CASES FROM PRACTICE—BY PROF. A. B. SPINNEY, M. D.

Martha Weaver, aged 19, received a simple fracture of right femur and a comminuted fracture of left femur, with the tissues of left limb much bruised, also a punctured wound of both limbs just above the ankles. This injury occurred by passing under and around the shaft of a steamboat. Dressed the fracture by applying adhesive straps from the hips to the feet by which the extension was made; laid the limbs upon a smooth, level board some six inches wide, and kept the bones in perfect position by using paste-board splints cut and fitted to the limb. Extensive sloughing occurred in the left limb, yet the splints were worn and granulation continued until perfect recovery. This accident occurred on the 15th of July. The patient was badly bruised all over the body and had severe vomiting and purging of blood, yet on the 4th of September she was discharged, with two perfect limbs and wounds nearly all healed. Sloughing, maggots and excessive suppurations were all controlled with carbolic acid wash, one part acid to fort y parts water. The periostitis, which was severe on left tibia, was controlled with symphytum, mer. sol. 3, and calendula wash. I have not reported this with all its minutiae,as all I wish to say is this, that in several cases of fracture, simple dressing, leaving the limbs free from pressure and a large amount of rollers, making the extension, by simple steps, are much safer and produce more rapid recovery, than the inclined plane or splints, etc.

CASE NO. 2.—Mr. B., age 22, received a fracture of left fibula, near the lower third, and of the tibia, near the upper third. These fractures received a setting and dressing, it was said, by the physicians and surgeons same day of injury. Fourteen days after we were sent for to amputate. Both fractured ends of fibula protruded through soft parts between two and three inches, while those of the tibia overlapped each other some two inches. Suppuration had taken place from the point of fracture in tibia extending half way up the thigh, and extensive sloughing at the point where fibula was protruding. The pulse 130 and symptoms of approaching blood poisoning, with great exhaustion, we decided that amputation could not, with safety, be performed, but made a free and deep incision through the cellular tissue on the outer side of tibia and applied a roller from hip downward, pus escaping to the amount of nearly two quarts. Being some fifty miles from home with no splints, we made out of rough boards a box with a hinge for the knee, and applied adhesive strap from hip down—made extension with a bag of sand—and injected into the whole limb, as far as suppuration had extended, carbolic acid. In one week saw the case again; swelling was less, sloughing ceasing, continued same dressing, and as it was impossible to visit again left the case in the hands of a good nurse, who reported some eight weeks after a perfect recovery. At the time of our second visit the bones had not commenced to unite, and on account of such extensive sloughing and swelling could not previously be put in perfect apposition. Applied at that time paste-board splints, and used the same strap as before. We apply adhesive plaster in such cases by wetting with turpentine and then it will not start any for six or eight weeks. In this case wooden splints could not be used, as nearly one-half of the soft tissue was mutilated from the knee to the ankle. Gave internally Ars. 3 and Silicia 3, with plenty of beef tea.

We report these cases to show that light dressing, courage and patience, with homoeopathic remedies can save limbs which at first it seems hardly possible to do.

COTTON WOOL AS A SURGICAL DRESSING.

Prof. Greene says, in the Boston Medical and Surgical Journal: For at least five years past I have used the cotton wool almost exclusively as a dressing for wounds where I desired or expected union by "first attention" and for two years past have, to a great extent, substituted it for the carbolic acid dressings in the treatment of abscesses and suppurating surfaces. So gratifying and satisfactory to my own mind have been the results, that I am inclined to make a simple statement of facts for the benefit of the profession.

It is very likely that the use of this article is more common with surgeons than I am aware, but that it is not extensively employed, except for bruises and scalds, I infer from the absence of any notice of it in the books or journals, from the fact that among my acquaintances I know only three who had employed it to any extent, until I brought it to their notice. Of these all had employed it for its elasticity and lightness.

To Prof. Robinson, of this city, I am indebted for the suggestion of the employment of the particular form, which I find preferable to all others, the "French wadding," which is made of the purest cotton, is thick, very soft and elastic, slightly glazed on the one side, and on the other presents a beautiful, soft, fleecy surface. Dr. Robinson has used it many years for its "lightness and elasticity," with the same results as I have observed for securing union by "first intention." Dr. Tewsbury, of this city, and Dr. Fuller, of Bush, have both employed it for the same reasons and with the same results.

After quite an extended observation of its merits, as a light, neat, elastic dressing, simple and easy of application, and especially agreeable to the patient as compared to other appliances, and finding that, apparently, the healing powers under its influence was remarkably rapid and favorable, it occurred to me that there must be some other quality operating than those mentioned, which contributed to the sometimes wonderful results; and I had only to refer to the experiments of Pastein, and a host of others upon the vexed question of spontaneous generation, to infer that its capabilities of filtering the air of all spores or gums, might, or even must be, one of the main reasons why wounds thus dressed were so free from inflammatory or suppurative action. With this view I have extended its use to the treatment of abscesses and suppuratory surfaces, as well as to that of simple incised wounds.

In the case of ordinary wounds, either accidental or resulting from surgical operations, I have in the last five years, rarely seen one that did not unite by first intention, except, of course, in the track of ligatures. At my clinic in the Medical School of Maine, last spring, I amputated the thigh, at the middle, by the circular operation, and the wound dressed with the simple cotton compress, united at every point by first intention, excepting in the track of the ligatures. It is hardly necessary to say that this exception obtains in every case. In ten ovariotomies, I have dressed the abdominal wound in this manner, and in every instance the union has been perfect without any suppuration.

In the case of morbid growths (ephithelioma,) where, with the assistance of Drs. Wood and Dana, I made a very deep dissection of the external genitals of a female, removing a large amount of tissue, and leaving a very deep and extensive wound, under the cotton compress, firmly applied, perfect union occurred, without a drop of pus, within the week. In the case of a mammaury tumor, weighing five pounds, removed in the presence of Drs. Robinson, Gerrish and others, the same result occurred.

I removed a fatty tumor from a young man's shoulder, which weighed four pounds, dressed it in the same way, and in four days the wound was entirely healed.

I assisted Dr. Tewsbury in amputating a thigh at the junction of lower and middle third, in which he made the antero-posterior flaps by transfixion, and dressed with cotton wool; union by first intention sealed the surfaces everywhere, except in the track of the ligatures. I have recently made a series of seven plastic operation upon one patient for the restoration of nose, lip and part of one cheek, a case which most of the surgeons of Portland have seen, and which I exhibited to my class last spring, and under the same simple dressing every line of incision, after each operation, has healed by first intention.

I merely give these cases as illustrations of what is the result in my own, and, so far as I know, in the practice of others who use the same dressing. Of course under any plan of treatment not positively harmful, exceptional results happen that are equally good. But from what I may safely call an ample experience, I have never seen any management under which wounds heal so rapidly and with such freedom from inflammation or suppuration as this.

I feel very sure that any surgeon, having once given it a fair trial, selecting a pure, nice article of wadding, will never use any other dressing for simple incised wounds; and while I attribute much to the lightness and elasticity of the material, through which we secure, with comfort to the patient, equally elastic pressure over the entire surface, I am inclined to attach great importance to its action as a filterer. Certainly this must be true, if the importance of atmospheric as exciting causes of inflammatory and suppurating processes is properly estimated by the profession at the present time. Then why not carry its use farther, and apply it to the treatment of abscesses and suppurating surfaces?

I desire here to call attention to a very important fact, and to this point the attention of Dr. Gerrish, a careful observer, who was my assistant for a year and a half, as well as my own, has been specially directed. In all the cases of recent wounds dressed with cotton wool, when the compress was so carefully applied as to secure air around the edges, whether the wounds were closed or open, incised or located, we have never seen a drop of pus upon raising the compress the first time. When oozing has occurred, we have found the cotton coated with dried blood and lymph, but no pus.

XYLOL IN SMALL-POX.

" I have administered xylsl in 80 cases of small pox; among these were 8 children under 2 years of age, 6 of them not vaccinated; 11 children from 2 to 10 years of age, 4 of them not vaccinated; 20 patients under 25 years of age, the others above that age; the oldest 60 years. Of all these 80 patients (34 of which had the small-pox in the worst form,) only 4 died; say 1 child 3 weeks old, not vaccinated; another child 3-4 of a year old, not vaccinated, and 2 adults of about 32 years.

"I conclude therefore that

"1. Xylol positively produces better effects in the treatment of small-pox than any other remedy hitherto known.

"2 Xylol positively mitigates the severity of the disease, accelerates the recovery and prohibits the hitherto great mortality.

"3 Xylol, administered when a contagion is suspected, and before the eruption of a disease, does not prevent the breaking out of small-pox, but facilitates the elimination of the disease. Under these circumstances I can do no less than most warmly recommend the administration of xylol, and I shall not fail to communicate my further observations."—*Carl Nagel, M. D., Royal Chancellor of Health, Berlin.*

SKIN GRAFTING.

A WRITER in the St. Louis *Medical & Surgical Journal* gives the result of his experience in skin grafting, as follows:

"As recommended, I took bits of skin about half the size of canary seeds, and these were carefully placed, with cut surface, on the clean surface of the ulcer. To accomplish this I take a fine cambric needle, fit it in a handle, pass it through as small a piece of skin as I can, and then pass a sharp knife, with a sawing motion, under the needle, with the side of the knife closely pressing the needle, so as to cut the skin at the point where the deeper surface of the needle is in contact with it. I then lay the needle on the ulcer (with the graft upon it) in the same relative position it was upon the skin, dip the point of my knife in water, and placing it back at right angles upon the needle, draw the needle out, from eye to point, thus sweeping the graft from the needle and leaving it on the ulcerated surface. Then I apply a pretty thick layer of simple cerate on lint and cover the surface with it. A pad of cotton wool, and finally a bandage smoothly applied, complete the process. The dressing is not changed for a week. At the end of this time it is probable no trace of the grafts can be recognized ; in one week more they will be apparent, and at the end of a month they will be found as large as the finger nail."

THE USES OF PUS IN THE ANIMAL ECONOMY.

Dr. A. P. Reid, of Halifax, (*Canada Medical Journal*) gives the following summary of the uses of pus in the animal economy :

1st. It is the method by which dead exudation corpuscles and fluids assume a condition allowing of their subsequent removal by a channel, which is not necessarily injurious to the system at large, as they would be if permitted to enter the blood, to be expelled by the emunctories.

2d. It is the method by which the before mentioned matters so collected, when, from favoring circumstances, they cease to produce irritation in their vicinity, are absorbed or removed by the emunctories, the solid parts having first undergone a flatty transformation, owing to the influence exerted on them by the free circulation of the blood in the walls of the abscess.

3d. It is the method by which dead exudation material finally becomes incapsulated. The abscess ceasing to produce inflammation in its vicinity, the free circulation of blood in the abscess wall exerts such changes in the composition of the fluid parts of the pus as to permit of their absorption without injury to the health of the solid part, which cannot be so dealt with, and which becomes inspissated in the form of innoxuous substances, such as flat, phosphate of lime, carbonate of lime, and other salts, united by an indeterminate animal matter.

4th. It is the method by which tissues of all kinds, when deprived of their vitality, are reduced to a fluid capable of easy removal, as the contents of an abscess.

5th. It is the method adopted by nature to assist vital absorption in amputating dead tissues either externally or internally.

6th. It is the method which assists ulcerative absorption, so termed, in bringing an abscess to the surface, one portion or side of the abscess wall becoming gradually thinner as the abscess points.

FOR PRESERVING ANATOMICAL SPECIMENS.

1st. The following is from a French authority:

Take of Glycerine,..................	14 parts.
" of Brown Sugar..............	2 "
" of Nitrate of Potash,..........	1 "

Mix.

After maceration for some days, the specimens become rigid, but recover their suppleness on exposure to a dry, warm air. When dry they may be varnished. The time for maceration depends upon the size of the specimen.

2d. Dr. B. Titcomb, in the Transactions of the American Medical Association, recommends the following process:

First place the object in a vessel containing pure water; let it remain a few hours or over night, then transfer it to another containing a solution of creosote, *f. ʒ ij* to *f. ʒ xij* of water; let it remain over night, then place it in a jar or vessel containing a liquid of the following proportions :

Chloride of Sodium,	*z iss.*
Sulphate of Alumina	*z iss.*
Nitrate of Potassa	*z ij.*
Aqua	*f z vij.*

3d. Meheis solution contains:

Arsenious Acid	20 parts
Crystalized Carbolic Acid	10 “
Water	700 “
Alcohol	300 “

Put the whole of the arsenic in a retort, add half the alcohol and a third of the water, and bring the whole to a boiling point. Nearly all the arsenic at once dissolves. Filter, and add at once more water to the filtrate. Treat the remaining arsenic with the remaining alcohol, and water as before, and add the filtrate to the first. Take fluid moderately warmed; the carbolic acid is then to be added, with stirring.

PLUMBUM—PATHOGENTIC SYSTEM—ITS POPULAR ABUSE AND MEDICAL USES.*

BY D. H. REED, M. D., NORTH FAIRFIELD.

There is probably no drug of the Materia Medical whose characteristic symtoms are more clearly defined, and yet whose toxicological effects are more often ignored. It rivals alcohol, tobacco and opium in its destructiveness of human life and health, and has a stronger hold on society than either, because its use is based upon personal vanity. To call your attention to this subject as conservators of the health of the public, and to add a few general observations, not contained in any of the provings of Plumbum, which I have seen, is the object of this paper.

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*Read before the Homœopathic Medical Society of Ohio.

I will first cite two cases of paralysis saturuine, caused by the use of hair dyes, which came under my observation and then proceed to group the individual symptoms of each case, as well as those copied from Jahr and verified.

CASE I.—The cases furnishing the following synopsis of symptoms and verification of those copied from Jahr were first a lady of forty-six years of age, sanguine nervous temperament, had used hair restorative and hair dye for seventeen years, consulted me first in reference to scaly eruption on the face; discontinued the use of restorative with marked improvement; afterwards resumed its use with return of the usual symptoms. On the 2d of January I was called in to see her; found her with labored breathing; full, hard pulse; slight cough; suffused countenance; cool extremities; roughness of the respiratory murmur; slight expectoration, tinged with blood, soon becoming purulent; dyspnoea increasing to faintness, without change of symptoms; paralysis, and death supervened in eight days.

CASE II.—Mrs. W., age sixty-three, lymphatic temperament, was in the habit of using hair dye for several years, was immediately after the first application, seized with vertigo diziness and vomiting and loss of consciousness; agitation of the extremities, stuttering speech, cold skin, contraction of the pupils. This condition was followed by successive shocks, ending in general and complete paralysis and death. The symptoms extending over a period of fourteen days.

PLUMBUM—GENERAL SYMPTOMS.—Gradual emaciation and increasing debility, restlessness, anguish, loss of voice and senses; paralysis partial and complete, spasmodic movement of the limbs, atrophy of the left leg with partial paralysis, numbness, confusion and loss of memory. The patient dwells on particular subjects and is disposed to be melancholy; successive shocks of paralysis, the patient feels general relief preceding each shock.

SKIN.—Yellowish color of the skin and white of the eye; jaundice appearance of the skin.

SLEEP.—Yawning, somnolence, sleeplessness at night, restless sleep, tossing the arm and feet during deep sleep, alternate sleep and wakefulness.

FEVER.—Coldness of the extremities with quick pulse. Thirst and dryness of the mouth tongue and fauces.

MORAL SYMPTOMS.—Stupefaction, complete dullness of the senses, somnolence, restlessness. After restless sleep the patient becomes merry and talkative, is delirious and loquacious.

HEAD.—Strange feeling in the head, dizziness and vertigo, frightful headache.

EYES.—Contraction of the pupils, weakness of the eyes and lachrymation, the tears flow constantly, partial amaurosis and obscuration of the sight.

FACE.—Scaly eruption of the face, erysiplatous, redness of the cheeks, thickness and induration of the skin of the face.

MOUTH.—Aphthæ in the mouth, pharynx, dry brow, cracked tongue, swelling in the throat, the tongue is bad color, mouth and throat covered with aphthæ, which become detached in large flakes.

STOMACH.—Hiccough and vomiting, vomiting of a black substance, nausea, eruptions.

STOOL.—Diarrhœa with rumbling and without pain, involuntary stool, paralysis of the sphincter muscles, involuntary emission of urine.

LARYNX.—Fœtid breath, cough with discharge of blood.

CHEST.—Oppression of the chest, excessive dyspnœa, anguish and suffocation, oppression, difficulty of breathing, suppuration of the lungs, anguish about the heart.

ARMS AND LEGS.—Spasmodic contraction of the limbs, weariness and languor, trembling of the hands, spasmodic jerking of the thighs, the extremities become cold.

CLINICAL REMARKS.—George B., a lad about seven, during an attack of whooping cough, suddenly became paralyzed on the right side, loss of speech, slightly somnolent, feverish and obstinate, the pupils of the eye contracted, cerebral congestion, frightful pains in the head, which caused the child to cry out with pain and agony during every paroxism cough. Gave plumbum met. 6th, which was followed by relief of the paralysis, the cerebral irritation continuing. Glonoin 6th removed the remaining symptoms.

ROYAL MEDICINE IN ENGLAND.—Nothing is more singular than the constitution of the medical department. You would hardly credit the number of medical gentlemen who are required for the service of the houshold, but I am aware that some of them are unpaid. There are three Physicians in Ordinary, three Physicians Extraordinary, one Sergeant-Surgeon Extraordinary, two Sergeant-Surgeons, three Surgeons Extraordinary, one Physician of the Household, one Surgeon-Apothecary, two Chemists of the Establishment in Ordinary, one Surgeon-Oculist, one Surgeon-Dentist, one Dentist in Ordinary, and one other physician—or twenty-one in all [laughter], while the Prince of Wales has for his special benefit three Honorary Physicians, two Physicians in Ordinary, two Surgeons in Ordinary, one Surgeon Extraordinary [laughter], one Chemist in Ordinary, of eleven more [loud laughter] making thirty-two doctors on one family. *Sir Chas. Dilke.*

DRY BATHING.

Regular bathing, so far as the people of this country are concerned, is certainly a habit of quite modern adoption. The fathers and mothers, and grandfathers and grandmothers, of those who have reached middle life, seldom or never bathed, except in the warm months of summer. Their dwellings afforded no conveniences for the act, if they felt the need of performing it. As a general thing, the health was unaffected by its omission. Why was this! Because of their occupations and manner of living. They were active workers, and wore but a small amount of clothing, they lived much in the open air, and their dwellings were without stove and furnace heat. If any one in these days will exercise in the open air, so that each day he will perspire moderately, and if he will wear thin under-garments, or none at all, and sleep in a cold room, the functions of the skin will suffer little or no impediment if water is withheld for months. Indeed, bathing is not the only way in which its healthful action can be maintained by those living under the conditions at present existing. Dry friction over the whole surface of the body, once a day, or once in two days, is often of more service than the application of water. The reply of the centenarian to the inquiry, to what habit of life he attributed his good health and extreme longevity, that he believed it due to "rubbing himself all over with a *cob* every night," is significant of an important truth.

If invalids and persons of low vitality would use dry friction and Dr. Franklin's "air bath" every day for a considerable period, we are confident they would often be greatly benefitted. Cleanliness is next to godliness, no doubt, and a proper and judicious use of water is to be commended; but human beings are not amphibious.

Nature indicates that the functions of the skin should be kept in order mainly by muscular exercise, by exciting natural perspiration by labor; and delicious as is the bath, and healthful, under proper regulations, it is no substitute for that exercise of the body without which all the functions become abnormal.—*Nichol's Fireside Science.*

COMMUNICATION.

AUGUST, 21, 1872.

To the Editor of the Ohio Medical and Surgical Reporter:

DEAR SIR—The attention of all interested is drawn to the large advertisements and flattering announcements of the various Homœopathic Medical Colleges, now that the Winter session is approaching.

The older institutions are evidently wide awake, adding to their attractions, and entering upon a higher grade of instruction, while new ones are springing up here and there seeking to establish themselves in popular favor.

Among those already established, with a name for turning out well qualified and successful alumni, "Cleveland Homœopathic Hospital College" occupies the first rank. The full corps of professors and lecturers, in which some important changes have lately been made, is composed of active, conscientious workers, and includes some of the ablest practitioners, general and special, as well as some of the most practical instructors in the profession.

A new college building has been procured, commodious, centrally located, easy of access from all parts of the city, with lecture room, amphitheater, dissecting room, &c., fitted up with every contrivance for the convenience and comfort of both professor and student.

The "Hospital" is being removed from its present location to one contiguous to the college, and will present advantages superior to those it has heretofore offered, thus affording constant and abundant opportunity to the student for the practical application of the theories taught in the lecture room, and for acquiring confidence and skill in diagnosis, prognosis and treatment.

The "College Dispensary" also will offer daily illustrations of his various studies, and supply charity patients for the advanced students.

The regular and frequent *clinical* lectures, presented by the different professors, on minor and major surgery, with operations and on general practice, are invaluable aids to the student. In addition to these advantages there is a public "Charity Hospital" whose wards are open to the students of this in common with those of other colleges. Thus everything necessary for the complete equipment of the student for his chosen profession is here provided, so that he may be prepared to enter upon it with honor to himself and his alma mater.

B. F.

A PROTEST.

The medical profession at large is deeply concerned in every attempt to show the status of medical science in the acts of its representatives. The public also show a commendable interest in whatever evinces progress in the art of healing, and its welfare is intimately connected with every substantial progress in the treatment of disease. Out of these two facts arises a third fact painful to contemplate. There are too many professed members of the medical profession anxious, for obvious reasons, to show what a great and good thing medical science is, by displaying to the world what wonderful thing they have done. I don't mean the irresponsible charlatans whose marvelous deeds are heralded over the world in order to catch willing but unfortunate dupes. The fact is sadly true of too many who hold honorable positions among us, and of whom better things might be expected. And it is positively painful to see with what avidity the public catch at the statement of these base pretenders.

Here is a case in point. Your readers are quite familiar with the story as it is going the rounds of the papers. Mr. Joseph Jefferson, whom all the world loves, is made the central figure and leading character. His boundless popularity makes him a fitting instrument. He is announced as afflicted with a dangerous and doubtfully curable disease of the eyes. A night darker and more dreadful than ever lay on the Catskill Mountains, threatens to settle down upon his beautiful and flashing eyes. Now, in this dire extremity, Professor R——, of Baltimore, appears on the scene. With delicate instruments he cuts into the eyeballs, excises a part of each, arrests the disease, and sight is saved to our darling Rip. A Baltimore reporter is engaged to work up an account of the affair. He knows no more of ophthalmic surgery than he does of the doctrines of the *Rig Veda*, but he knows how to make a stunning article for the newspaper. So he skillfully rings his changes on "glaucoma," and "iridectomy," makes them dance about poor Rip's eyes and professor R——'s fingers in a manner quite astonishing to the public. It's a wonderful story. It goes like wild-fire, and with it comes, of course, the popularity of said Professor R——. The readers of the story are not to blame if they are led to believe the deed done to be something new under the sun. Their sympathy for Jefferson is only equaled by their admiration of Professor R——.

But nothing short of contempt can be excited by this story in the mind of one versed in the facts of ophthalmic surgery. A just estimate of its true character can easily be made by any one who knows that this lauded surgical feat has long since lost its novelty in the frequency with which it has been performed. It is to-day an operation common in all our large cities, performed not only by occulists, but by many general practitioners in surgery. Mr. Jefferson's case is not exceptional and iridectomy, is among the easiest of operations performed on the eye. I do not hesitate to say that in giving currency to this story Professor R—— is guilty of perpetrating a fraud on the public, and of doing a lasting in*t* jury to our art. If he has been a willing party to this attempt to deceive the public, he should be stripped of his base pretentions and made to feel the stinging rebuke of the press and people upon whose credulity he has so fearfully imposed.

Following hard upon this first story comes another like it. This time the subject is a poor little boy. On Jefferson's shoulders Professor R—— has now been carried to so great a height of popularity that he can take a patient of obscure character. The boy is blind. He is afflicted with cataract. Professor R——, who saved Rip's eye, is the only man who can cause the blind to see. The reporter tells the story in a way eminently tragical. The eye balls are cut open, the offending lenses are removed and, *mirabile dictu*, the little fellow enters the realms of sight. *Vive la* Professor R——! But you can put the deed against many just like it done almost daily in every large city in the Union· If all our surgeons who operate for cataract could only get reporters to trumpet their deeds, as are Professor R——'s, what a surfeit of surgical reports we should have. Professor R—— may be a skillful operator, but if he is party to this work of giving publicity to his private practice he is a humbug, and a truth loving press should give swift wings to this protest.—*Cleveland Herald.*

T. P. Wilson.

EDITORIAL.

The American Medical Association, for so many years the acknowledged head and authority of old school medicine in America is at last in the wane. Its doom is clearly written on the walls of time, and that time not in the distant future. And this fact seems a strange one, when we recall the many days it has held regal sway over so large a constituency. Its utterances have been oracular, its decrees final, its influence world wide; for in foreign lands it has been held as representative of the American Allopathic School—but now that its scepter is about to depart, it is likely to be robbed of all its past glory. The *Medical Times* of Philadelphia gives utterance to the following:

"We believe we express the opinion of the majority of the thinking men in the profession in this country, when we say that the American Medical Association has lamentably failed to accomplish the great ends which its projectors had in view. It is not, and never has been, in any sense, a body representative of the medical men of America; it has not now, and never has had, any power either with the medical schools, with the profession, or with the public. As the result of the combined efforts of the delegates, this mountain is every year, like an Irish laborer's wife, delivered of a large and very homely infant, in the shape of a volume of Transactions, which is never read after it leaves the printing-office.

"Neither in its meetings nor in its publications, then, does the Association wield any influence, *because* it is not representative of any thing; for herein, we believe, lies the root of the trouble. Can it be doubted that the moral and intellectual force of the medical profession in this country, if put forth through a medium which should concentrate and fairly express it, would command respect wherever its influence reached?"

The *Medical Record*, another influential journal, expresses itself after this manner:

"The people at large regard all national bodies as the mouth-pieces of the special interests which they profess to represent. The utterances of the Methodist conference, and of the Presbyterian Synod are taken as the voice of the Methodist and Presbyterian denominations; and on the same principle the resolutions of the American Medical Association are telegraphed over the country as the expression of the views of the physicians of America. They are quoted and deservedly criticised in the lay papers, to the disgrace of American science, and of the science of medicine all over the world; and for years our profession has suffered in the eyes of all intelligent and honorable citizens from the ignorance, the narrowness, the recklessness, and the Titanic stupidity that of late years, at least, has pretty uniformly characterized the public utterances of this Association. In the eyes of the world, the profession is, through the acts of this Body, made to appear as a colossus of old fogyism—a vast museum of medical antiquities, at which men look and wonder, and then thank God that they live in the nineteenth century. Every time the Association meets, humanity groans, science bows her head, and the dial of civilization turns backward on the sky."

Other journals of that school have used still stronger terms. More than a year ago, the *Nashville Medical and Surgical*, and the *Buffalo Medical and Surgical Journals*, denounced the proceedings of the Association.

The result is easily forecast; either there will be the termination of a dynasty, or a radical revolution that will materially change the aspect of affairs. Now the thing we have in view is, that before it is too late, the American Institute and all its patrons, friends and well wishers be advised to take warning. A very close parallel might be drawn between the histories of the two associations, and there may be found the same leaven of unfruitfulness. We may briefly summarize several points.

1st. The dominating influence of a few members—we would not stigmatize them as constituting a ring or clique, or as specially in collusion to run the American Institute, but the fact cannot be ignored, that the greater part of those who attend, do little else than look on and watch the machinery. That a few men unpleasantly predominate, may be largely the fault of those who do little or none of the work. But our observation is, that certain men expect to do just what is expected of them, namely: do, or order how to do about everything that is done.

2d. Indulgence in social pleasures to the exclusion of scientific investigation. This objection is not a new one, but the evil seems to grow rather than abate. Nobody seems quite willing to beard the lion in his den, and put an end to feasting and frolicking.

3rd. ——Well we have'nt space to go on with the subject. But let us remember that the doom of the American Institute of Homoeopathy is as inevitable as that of the American Medical Association, unless we wisely take warning. Let us hope that the next meeting in Cleveland, may be signalized by a thorough reform in the management of the Association.

The medical collegiate year for 1872–73 has fairly opened, and we may safely make a preliminary survey of the now greatly widened field of operation. That matters have taken a turn is plain. We can just here mark the first epoch of homœopathic colleges ended, and a new epoch begun. In the first place, the older colleges have become infused with a new spirit. St. Louis, Chicago, Cleveland, Philadelphia and New York are evidently animated by unwonted feelings of energy. Their several announcements, as they lie before us, glow, sparkle, corruscate and scintillate. They are enough to make an old fellow like ourself wish he were young again, that once more he might matriculate and "tend lectures" and graduate. We grow almost desperate at the thought that all these good things are ours to enjoy no more; and it makes us sad to think how many a young man will thoughtlessly fool away his next winter's privileges.

And here comes in another depressing thought, that these medical colleges, unless they have greatly reformed, will in the action fall far short of the promises they have so lavishly distributed. In the first place, the college buildings that have shone so resplendently in the cuts which have adorned the annual announcement, will hardly be recognized in the plain, rickety, old tenement to which the wondering student will be introduced. The Faculty—those tall, dignified, gray-headed gentlemen around whom a lively imagination has wrapped so many mysterious and noble things—how immensely will they shrink on a closer inspection. They will be found fewer in number, and smaller in size, and not over learned. The course of lectures that were to have been thundered at the rate of five or six a day from the rostrum dwindle down to a few stammering efforts at reading some musty old manuscript.

Prof. A. will be pompously rhetorical; Prof. B. will be tediously prosy; Prof. C. will be crabbed as a bear; Prof. D. will be persistently incorrect; Prof. E. will be fresh and rosy as an Egyptian mummy; but in the end the tickets of attendance will be duly signed and delivered, and the diplomas will be regularly distributed, and that is what the class want and are sure to get. It is always only a question of time. If the old colleges do not pursue the above course the coming winter so much the better. They will then have reformed, and that is the thing needed.

We have reserved for a second chapter a consideration of the new Medical Colleges. Their advent marks the begining of a new era in medical education, as connected with Homœopathy. Lansing, Detroit and Cincinnati make their best bow, and hang their flags on the outer wall. The first two have made their *debut*, and the latter is yet *in posse* only. As for the former their chief attraction seems to be their cheapness. The Faculties do not hesitate to say they board themselves and work for nothing. We hope it may not be with them as with the Western teacher, who, referring to his work and salary, exclaimed, "It's little they pays me, and its little I teaches 'em."

Apropos to this topic, we beg to quote from Dr. McClatchey's editorial in the *Hahnemannian*:

"The homoeopathic school in America is rapidly developing an element of weakness, which, in our opinion, will soon assume the proportions of a serious malady, if the right remedy be not promptly and vigorously applied. A curious feature of this weakness is, that it is often cited by our orators as an evidence of growth and strength. We refer to the rapid increase in the number of our medical colleges; an increase not called for by the demands of sections or neighborhoods, not warranted by the general requirements of the homoeopathic school, not justifiable as a financial speculation, and only to be accounted for by the desire—the seemingly irresistible desire—in the minds of some physicians, to assume the role of instructor and take to themselves the title of "professor." *Esprit de corps* does not avail to prevent, the good of the cause has no weight to restrain, the labors of those who have toiled long in the vineyard and have not yet received their reward, are not even considered; but a charter is hastily applied for and as hastily granted, a college is brought forth, of premature birth and unsatisfying proportions, and the happy party meet together, hobnob, elect each other professors and their friends trustees, and an "*Announcement*" is scattered broad-cast over the land, in which the profession, the public, and all mankind are "congratulated" (God save the mark!) on the event.

"It is not necessary that we should go into particulars in this matter. It may be a question whether or not it falls to the province of the American Institute and our State Societies to take cognizance of this evil and apply the remedy; but it requires no deliberation to decide that the subject is one in which the profession has a deep interest, and one, too, to which earnest and prompt attention should be given. There is certainly danger ahead of us, possibly disgrace; and the former can only be averted and the latter avoided, by prompt, energetic action—action so prompt and so energetic, in fact, that these mushroom "colleges," springing up in a night from a muck-heap of unrestrained and selfish personal ambition, shall be rooted out utterly."

AMONG THE ADVANTAGES offered by the Hahnemann Medical College of Philadelphia, is "*No extra expense for quiz masters.*" This is a refreshing piece of news.

After persistently and systematically skinning its medical students each year to the tune of ten dollars or more apiece for extra work done by its faculty—for, in fact, keeping up a side show that grew to more importance than the college—why now, with a sublime air of innocence, we are told that students are to be especially favored by being no longer drained of their hard earned money. If this statement implies that any other homœopathic college ever has or will indulge in such doubtful modes of making money, then the implication should be strongly resented. In consideration of the fact that this quiz-mastering evil has so long been the bane of the Philadelphia school, it would have been in better taste to have made a simple announcement of the abolition of the vicious system, rather than to assume that they possess a special virtue in what has long been common to other medical schools.

THE MEDICAL EDITOR OF THE SCIENCE OF HEALTH is a genius. Among other things he excels as an oculist. Von Græfe, Arlt, Helmholtz and Solberg Wells now find their occupation gone. The ease with which this wise editor disposes of doubtful and difficult cases would put to shame a modern ophthalmologist. We take from the October number the following cases.

SORE EYES.—B. M. G.—"I have sore eyes. On awaking in the morning, they are inflamed and bloodshot. I have a kind of rash, which breaks out in pimples on my face and hands, with itching and burning sensations. My nose is very red, and itches a great deal. I have often been mistaken for a toper, but never use ardent spirits. My hair is full of dandruff, and falls out badly."

The trouble is caused by a bilious humor. Restore the functions of the liver, and the eyes and skin will soon cease to trouble you. The hip-bath, wet girdle and occasional ablutions, are the bathing processes.

INCIPIENT AMAUROSIS.—H. J. B.—"Three years ago my left eye was operated on for strabismus. Ever since it has been weak and inflamed. At times there is a mist before it. I have been using nerve and blood medicine, with various kinds of eye-waters (as prescribed by physicians), until I have come to the conclusion amaurosis will be the result if relief is not soon obtained.'

Your conclusion is correct. And the more "nerve and blood medicine" you take, the sooner you will have it. The trouble in the eye is no doubt the effect of a bilious humor in the blood, and the Hygienic regimen with proper bathing, is the only process of purification that nature owns and blesses.

GRANULAR EYELIDS.—P. D.--"I am thirty-nine years of age, and for more than half of that time have been afflcted with inflamed eyes. The blood vessels appear to be distended, and every morning the lids are covered with and adhesive matter. The lids feel as if there was fine sand between them. I have been treated with blisters, caustics, salts, calomel, etc. Two years ago I consulted an oculist who applied blue-stone, but with only temporary relief. I am almost despairing of relief."

The eyelids are badly granulated, and unless relieved soon, may destroy the sight. You need the full Hygienic treatment to rid the blood of bilious humors, in connection with proper topical applications. And these can only be safely made by a skillful physician.

This "bilious humor" must be a "broth of a boy" to play such various franks with peoples eyes. And how much better it must be than the Ophthalmascope since it enables one so easily to diagnose "Incipient

Amaurosis." And then think how easily these "sore eyes" and "granular eye lids" are got rid of. To be sure he does not say in just so many words that the "Hygienic treatment" will cure these cases, but that is plainly inferred. Wedded to an idea, bound to a system and plainly ignorant of the science of pathology, he evidently feels competent to prescribe:

> "For all both poor and rich,
> For cholera and itch,
> For mullygrubs and sich."

And so we shall have to leave him attempting "to rid the blood of bilious humors" until he looks into modern medical science and finds his "bilious humors" are a myth and his treatment a poor excuse for scientific ophthalmology.

THE LANSING SCHOOL has yielded gracefully to destiny, and is no more. Alas, for the trusting youths who bought their sheep-skins of so short-lived an Alma Mater.

THE DETROIT SCHOOL AND JOURNAL still live. But it seems to us that neither of them can command the respect of the profession, as they should. The latter, in its prospectus and first number, does no credit to high toned journalism. It is conceived in hate and born in anger, and must be converted or perish. A journal that has no higher aim than to show up some man or set of men, cannot expect extensive patronage. We sincerely hope for better things than we can now discern in the College or Journal.

WE ARE INDEBTED to Dr. McClatchey, Secretary of the American Institute of Homœopathy, for advanced sheets of the Hahnemannian, containing the proceedings of the Institute. We regret to see on the part of some a disposition to find fault with, rather than commend this evidence of enterprise.

PERSONAL.—Dr. C. H. Von Tagen has removed to Cleveland, and will make a specialty of Eye and Ear diseases.

DR. C. T. CAMPBELL has located in Stratford, Ontario.

DR. L. L. LEGGETT, of Sandusky, was married in September, to Miss Ross, of Zanesville, O. The happy pair have our best wishes.

Dr. J. H. Wilson has removed to Bellefontaine, O.

Dr. G. C. McDermott was married Aug. 14 to Miss Clara J. Waters.

Dr. C. J. Walcott has settled in Rawsonville, O.

Dr. T. P. Wilson has severed his connection with the Cleveland School, and will remove to Cincinnati to lecture the present term in Pulte Medical College. He will have charge of the Ophthalmic and Aural Department of that school.

Dr. Frank B. Sherburne has hung out his banner on Walnut Hills, near Cincinnati, O.

Dr. W. M. Bailey has changed his location to Gold Hills, Nevada.

NOTICE OF NEW BOOKS, &C.

TWENTIETH ANNUAL REPORT NEW YORK OPHTHALMIC HOSPITAL.—This report contains a fine cut of the building, full list of officers and members, articles of incorporation, and a tabulated list of cases treated during the year. The showing is one the friends of the institution may well be proud of. Total number of patients 1,505. Number of operations, 82. During the past year the Hospital received from Mrs. Keep the handsome sum of $100,000.

DISEASES OF THE BONES.—By Thomas M. Markoe. D. Appleton & Co.

The modesty of the author so handsomely expressed in the preface does not detract from the value of the work. Bone surgery becomes in the hands of Dr. Markoe almost an established specialty, and we cannot look upon his book as less than an accepted and reliable text book on the pathology and treatment of diseased bone. Add to this what is known of the power of homœopathic medication, once the various lesions of the periosteum and bone, and you have what we should like to have placed in the hands of every medical student and practitioner. In the book before us there is a curious lack of information concerning constitutional treatment, so familiar to our homœopathic surgeons. If what might be found in the current literature of our school could be added as an appendage to or incorporated in the body of this work, the book would be greatly enhanced in value.

SCIENCE OF RELIGION.—By Max Muller. Charles Scribner & Co., New York.

This work is not precisely in the line of our medical studies, but it treats of a topic that is close kindred to medicine. If the minister can benefit his work by a knowledge of the science of medicine, why may not the medical man enhance his labors by a knowledge of the science of religion? To talk of the science of religion seems doubtless like great folly to the minds of many, and if such is the fact with any of our readers, we hope they will get this little book and peruse it with care, and if they do not conclude with Muller that religion is indeed a science, they may possibly obtain new views of the subject, when considered under some of its broader aspects.

YOUNG FOLKS RURAL just enlarged to 16 pages, and just the thing for all the young folks. Send for a sample copy to H. N. F. Lewis, Chicago.

NEW ENGLAND MEDICAL GAZETTE, after a short state of suspended animation has revived and with new vigor, is giving good battle for the truth.

MEDICAL TIMES, Philadelphia, completes its second year as a monthly, and will hereafter be issued as a weekly, Price $5.00. It takes high rank as a medical journal and we wish it success.

SIXTH ANNUAL REPORT PITTSBURGH HOMŒOPATHIC HOSPITAL, &C.,—We are pleased to notice the continued prosperity of this Institution. We congratulate the excellent management upon its success.

BOOKS RECEIVED.—Chemical examination of urine by Ruben A. Vance, M. D., New York. Prevention of Abscesses in Hypodermic Injection, by Ruben A. Vance, M. D., New York.

Diseases of Women, by Sir James Y. Simpson. D. Appleton & Co., New York.

Diseases and Displacements of the Uterus, by E. N. Chapman, M. A., M. D.; Wm. Wood & Co., New York.

Diseases of the Throat, J. Solis Cohen, M. A., M. D.; Wm. Wood & Co., New York.

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CONCERNING THE MECHANISM OF THOUGHT.

BY J. D. BUCK, M. D., CINCINNATI, O.

That a most intimate relation exists between what is termed nerve force and mind most persons now-a-days are ready to admit, but that any such relation exists between mind and brain most persons deny.

That the manifestation of mind is but the normal function of the brain, in precisely the same sense that any other function adheres to its organ, admits of no doubt, indeed may be readily demonstrated, and that the action of the brain, whereby mind is manifested, is as purely automatic as that of the reflex action of the spinal cord, or of a steam engine, may also be demonstrated. The brain is an organized machine very wonderful, and yet not past finding out; the manifestation of mind is its function or office. It is not beyond human comprehension to understand how it is formed, how it is developed or perfected, and, when fully organized, how it acts.

Man is a complex organism. He has an osseous system, a muscular system, a circulatory system and a nervous system. These are named in the order of their arrangement. The action of the bones is provided for by the muscles, the action of the muscles by the blood or the circulation and the control of both, and their harmonious action, is secured and maintained by the nervous system, and these are, with the glands and various parts of the body arranged systematically, constitute man, and are called an organism; and not only are these several parts, but the whole man, so far is a machine, and there is no doubt that physical laws, or those operating through all nature are competent both to build and move this machine. To find out these laws and comprehend their action is man's highest function. Man thus made is like an instrument of music, and as harmony existed before an instrument was made, and would still exist though every one were destroyed, so that something which we call soul or spirit, which uses these bodies as instruments through which to manifest mind, either harmoniously in intelligence, or discordantly in idiocy and imbecility, is dependent on the body only for its manifestation, and not for its existence. We speak of the Soul of Harmony, and we can conceive that the possibility of its manifestation only, and not its existence pertain to the instrument. Not only is there no reason why a spiritual body may not possess as its material instrument this wonderful nervous system, and through that influence the rest of the parts, and move man to act and to do, thus manifesting itself to the external world; but there is every reason to believe in such an existence upon philosophical grounds, and the thorough comprehension of its immediate instrument, the nervous system, I have not the least doubt will pave the way for its demonstration. Consequently this discussion is neither Materialistic nor Spiritualistic, but solely a question of science, the existence and immortality of the soul being entirely an after consideration. To claim belief in man's immortality and at the same time to oppose these investigations, and denounce them as Materialistic is therefore the height of inconsistency.

I believe it to be man's bounden duty to find out so far as he can the hidden and mysterious ways of nature, to explore every nook and corner of creation, and to deduce from phenomena the laws of the universe. If the proper study of mankind is man, to be profitable he must seek to learn the truth concerning his own nature, and his relations to the universe about him. I do not believe that "a lie well stuck to is as good as the truth," nor have I any aspirations after that bliss of which ignorance is the parent. Mankind have been trying for ages to define the will, and quarreling over and guessing at mental function, operation or manifestation without being able to fix definitely and agree upon one single proposition. Philosophy and speculation having so signally failed in obtaining knowledge, Science, which has achieved such wonders in other departments, has taken up the investigation of mental phenomena. She rejects not only the results of speculation, but speculation itself. She refuses to commence at the top of the problem in its most complex part and work down, or to commence at the middle and work both ways, but insists and persists in commencing at the bottom and working up from simple to complex.

Discerning that the child learns to distinguish heat from cold, sweet from sour, pain from pleasure by *instituting comparisons*, and, in short, that all knowledge is so derived, the men of science claim the right and privilege of instituting comparison between certain organs and functions the operation of which are tolerably well known, and certain others, viz.: the brain and its functions, which are not known.

The whole nervous mechanism being complex, he attempts first to understand its simplest forms, and then step by step he compares the simpler forms and functions with those more complex, examining critically at every step to ascertain whether any new element of organization or function enters, and tracing thus these compound mechanisms through a complete series of gradations till he arrives at the brain of man. He examines that by the light of previous investigation to ascertain whether its structure and manifestations correspond to or differ from nerve organ and function elsewhere. I propose, Mr. President and gentlemen of the society, to institute these comparisons, and leave you to judge of the existing relations, and that you may rest easy under the infliction, and without fear that a careless tread may pinch other extremities than those given over to corns, let me assure you that not one proposition here advanced proves your ancestors to have been monkeys, or mine to have been oysters. If it can be shown that any one species of animal merges into or springs from another, it must be from entirely different testimony. That animals together with man should have brains and nervous system similar in form and operating by the same law, is no more remarkable than that they all have eyes, and that light operates in a similar manner upon them to produce vision.

Concerning, then, the mechanism of thought, let us examine the following propositions:

1. Two kinds of nerve substance have been found to exist, viz.: gray and white matter.

2. Nerve tissue in becoming organized assumes two distinct forms, viz.: the gray substance becomes cellular and the white fibrous; the gray matter forms ganglia, and the white, nerves.

3. Nerve-fibres, wherever found, conduct what has been called "nerve force," and this in but one direction.

4. It is the office of the cellular gray matter or the

ganglion, to receive, separate, combine and register impressions.

5. The lowest or typical form of nervous system, is a single fibre, and a single ganglion.

6. All nervous systems are formed by aggregations and combinations of the typical form.

7. The specific functions of a nervous system are sensation and motion.

8. Sensation implies an impulse received or added to.

9. Motion implies an impulse communicated from, or given off.

10. When an impulse, received at the periphery of a sensory fibre, passes through the ganglia to be given off at the periphery of the motor fibre, "reflex action" is said to take place.

11. The spinal cord is composed of a series of nerves and ganglia, or typical forms, connected together by commissures, or fibres.

12. The brain is an aggregation and symetrical arrangement of nervous arcs.

13. All the so called organic functions—such as prehension, digestion, absorption, circulation, respiration, secretion and the like, are independent of the brain or of the will.

14. The action of nervous apparatus whereby sensation and motion occur, is as purely automatic as the action of glands, or other tissues.

15. Nerve tissue arises from modification of homeogeneous substance by definite waves of motion, set up along a given line, and is arranged in systems and perfected in functions by the continuation of similar waves.

16. The mechanism of the brain and the process of thought, offers no exception to these propositions.

The first fourteen of these propositions are generally received and found in substance in most recent works on physiology.

The fifteenth proposition—concerning nerve genesis and which we shall first consider, is set forth by Herbert Spencer, in his work entitled " Physical Synthesis,"

The sixteenth proposition is regarded as a legitimate and logical deduction from the others.

By molecular motion, is understood, simply, motion among molecules, as distinguished from visible motion of the mass.

Waves of molecular motion have, by Prof. Huxley, been likened to "the apparent billows of a corn field,"—an undulation which proceeds in a definite direction, bending in succession the stalks of corn, while each individual stalk remains rooted to the ground.

If through a mass of colloids wholly out of polar arrangement, there pass successive waves of molecular motion, the result will be to bring about polar arrangement.

When there is anything in the circumstances of an animal life, which provides that an impulse received at one particular point is transmitted to another particular point, when between these two points there is set up a line of discharge, each successive wave of motion will meet with less resistance than previous waves met with—for as the line of colloids comes more and more into polar arrangement,less and less of the impulse is required to so arrange them; thus constantly increasing the force and effectiveness of the discharge. It will be observed that the mass of colloidial matter was at first out of polar arrangement, homeogenous in character, but from the time the first discharge took place, there was a manifest difference along the line of the discharge—polar arrangement being accomplished by successive waves, and the line of discharge becoming constantly more direct between the two points· Finally, it becomes the specific office of the colloids along the line to transmit the impulse, and just to the extent that they gain at each discharge facility of transmission, do they differ in form and arrangement from the surrounding colloids. This is called differentiation. And so it is that we gain facility in all movements; nay, even in the process of thought, by this principle.

Habits of thought and facility of execution are gained by repeated action. Nothing more than successive waves of motion along a certain line; it is only through this principle that improvement takes place, or education becomes possible. And so it is—that whether under the control of the will, or automatically, we cannot move a muscle, utter a sound, or manifest a thought, without increasing the ease and facility of like future motion. We must bear in mind, however, that the directive agency which determines the line of discharge and which has been referred to as the "circumstances in an animal's life," is outside of the colloids. These waves of motion go whither they are sent, but being sent in a definite direction, Mr. Spencer has indicated what they really accomplish, viz.: organization and perfected function.

Similarity of structure, with corresponding condition, implies similarity of function. The action of the nerve arc is automatic; that is, it acts only as it is acted upon. An impulse is received, which we call sensation, a wave of molecular motion traverses the nerve, passes to the ganglion, is there modified by coming in contact with other waves, or, as in a simple nerve arc, its intensity is increased or decreased, to be afterwards transmitted along the motor nerve, at the periphery of which the wave is communicated to the muscle, and contraction and motion is the result.

The brain is also composed of gray and white matter, cells and fibers, ganglia and nerves—no element entering into its composition not typified in other portions of the nervous system; but there is a greater proportion of gray matter—the sensory and cerebral ganglia here reach a very large size, and a very complex form. There are also commissures here, or tracks of communications, as in the spinal cord; some of these commissures are motor tracks, and some sensory, as in the spinal cord, one-half is motor, and the other sensory. True cells and granules are found in the brain; they are also found in the cord. Here, then, we find similarity of structure, although a different degree of complexity. Let us examine its impulse to action.

In the spinal cord, every impulse passing to a ganglionic center is called a sensory impression. In the brain we find what are called the sensory ganglia; centers also of sensation, the perception of which is called the senses.

Suppose a person born deaf, dumb, blind, and without the sense of smell. That is, suppose the eye fails to respond to the action of light, and there is no sense of sight; that the ear responds not to waves of air; that the glossal and olfactory nerves convey no impressions to their nerve centers, what manifestation of mind could take place? The cerebral structures might be perfect at birth, or before such a terrible calamity; yet receiving no impulse to action, it would remain as it began—undeveloped; no impulse could reach the brain, save through the sensory nerves, or by the dark and tortuous windings of the spinal cord. Every impulse would be a pain, and contact with the external world a torture.

By the aid of the special senses, man is brought into relation with the external world; and waves of motion born of a ray of light traverse the optic track, and he perceives the form and color of external things; waves of air strike the tympanum, and he perceives harmony or discord; fine particles of matter act upon the olfactory nerves, and he perceives the odor of flowers, or snuffs the breath of pestilence and contagion; matter dissolves on the tongue, and he perceives that it is sweet or sour. And in perceiving all this, waves of motion traverse these nerves of special sense, and thought is born of these perceptions; for though there is space between the eyes the optic nerve communicates through a common center; and though the ears are wide apart, sound is perceived also through a common center—even when our ear is destroyed. Not only so, but between the centers of vision and audition, as between all the cerebral centers, there are also commissures and fibres from the spinal cord communicative also with all the centers—but especially with the gray matter of the convolutions.

We have seen that it is the office of a ganglion to receive, separate, combine and register impressions, and that the resultant motion is derived from previous sensation—a portion of the impulse, perhaps, remaining to excite molecular action among the cells or colloids of the ganglion. A ganglion may receive impressions through one tract or nerve, and give them off through two, or through many, or it may receive impressions through many, to be given off through one; but in any case it can only give off what it has received—because sensation is the stimulus to motion.

The evolution of thought is but the combination of sensations, and the manifestion of mind is the result of perception. Let us not forget to distinguish between existence and manifestation; manifestation being proof of existence—absence of manifestation, no proof to the contrary. Manifestation being the known quantity;

existence without manifestation to be the unknown.

The gray matter of the brain is the most highly organized and delicate structure of which we have any knowledge. More than *fifty millions* of these cells of gray matter are required to cover a square inch of surface, and yet they are supplied with fibres—receive, combine, register, and give off impressions. They contain nuclei, and nucleoli granules and pigment. "The third cerebral nerve (the common motor of the eyes) is supposed to have as many as fifteen thousand fibres. 'In the optic nerve,' says Prof. Bain, "there cannot be less than one hundred thousand.' The number of nerve fibers forming the white substance of the brain, must be counted by hundreds of millions." Attempt to comprehend such a complex structure, supplied with blood vessels correspondingly small; conceive these minute cells as constantly dying, and as constantly being replaced, and as delicate as they may be, traversed by definite waves of motion, which waves so modify the molecules of the cells as to register events, and constitute memory, and then call this "gross and brutal materialism" if you can; or wonder that where the eye, by the aid of the microscope, has discovered so much, it should perceive the possible existence of something higher and more refined still, though still of matter, which makes use of such a wonderful structure for its manifestations. Something dependent on an organism for manifestation to our senses—or, rather, to the external world, and which so surely as it gains possession and control of the avenue of our being, adorns and beautifies these human tabernacles, 'till faces glow with the radiance of love that is unmixed with hate, and the corporeal body seems transformed into an angel of light.

Controlled solely by the spinal cord, man is no more than a plant—that is, a living organism without office, function, or volition. Controlled by the sensory ganglia, he is an animal—a brute. Controlled by the cerebral organs, he is a reasoning, intelligent being; builded in harmonious relations with all, he manifests what men have termed the spiritual; performs duty without hope of fee or reward, because it is duty; loves with his whole soul every created thing, and has no room for pride, envy, or hate. Seeks truth for truth's sake, and seeking thus and deserving thus that perfection which is imperfectly manifested, brings him finally into relations of harmony with its eternal existence.

MATTER AND FORCE IN RELATION TO FUNCTION.

BY LEWIS BARNES, M. D., DELAWARE, O.

An article under this caption, appears in the *Reporter* of September, which my sense of justice and truth will not permit me to pass over without notice and protest.

The essence of this peculiar article is involved in two questions: "What is matter or substance? What is force, and is there anything outside of, and beyond matter or force?"

The writer appears to assume in his first question, and throughout his whole article, that *matter* and *substance* are neccessarily the same thing—that all substance is material—and consequently that there is no spiritual substance which may be discretely removed from matter, and which may exist on a different plane. This vital point ought not to be assumed, especially by men who profess to go by the clear light of science, that is to say, of knowledge. Scientific philosophers who undertake to revolutionize old systems of thought and of morality, ought not to begin by begging the question at issue.

Another important conclusion follows, which may be stated in the writer's own words—"That God is one with nature, and all nature, one with an infinite intelligence in an infinity of relations." This conclusion is legitimate and necessary because if there is nothing beyond matter, there can of course be no God except nature.

The next conclusion is also legitimate, which may be stated, as before, in the words of the writer—"That the brain secretes thought." This is not done, however, absolutely from itself, but the brain simply "evolves, analyses and combines what it has received." How received, and from whence? The writer says it is received, or secreted, just as the liver secretes bile—which is done from the blood. If the brain gathers, or sifts, or strains thought out of the blood, how came it in the blood? If from any where else in nature or matter, how came it there? It cannot be derived from a God above nature, because, according to the theory, there is no such Being. We are informed, however, "that a peculiar molecular motion gives rise to secretion in any given case, and that this molecular motion arises by virtue of the peculiar development of the organ which secretes," and thus "the peculiar mode of molecular motion in a mass of cerebral matter gives rise to what we term mental manifestation." But what gives rise to this molecular motion? Something superior to matter which is ordinarily called soul or spirit? Oh, no, for there is nothing above or beyond.

And next, since thought is secreted by the brain, through molecular motion, as the liver secretes bile, it should follow that mind itself like force or motion is but an attribute of matter. And this indeed is confessed in the following deprecatory words: "To endow matter that might be perfectly inert with such a wonderful attribute as mind, is regarded as materialistic, false and even desperately wicked." There can surely be no doubt about its being materialistic; whether it is false or desperately wicked every man has a right to judge for himself, and every one has a right to judge whether it is absurd or not.

And next, if thought is but a secretion from organized matter, and mind itself but an attribute of matter, it must follow that the Great Mind of all, with its infinite thought—the Supreme God—is but a secretion and attribute of organized matter! He has not made the world, but the world has made him!

And now for the conclusion of this writer on the subject of the soul's imortality: he says, in substance, that the mind of man, looking inward upon consciousness, may dream of immortality; looking outward, by exact science, it will demonstrate it. For, matter, force and motion being indestructible, the mind, being an attribute of these, must be indestructible. But he has just been saying that mind is "the property or function"—not of matter as such—but "of the brain," and that "we know nothing of mind but as the function of an organized brain," in so much that "the brain secretes thought." Now it is known that at death the brain of every man becomes disorganized, disolved and dispersed—even forever. Each particular mind or soul, therefore, is forever afterwards without the power of manifestation. The brain being disorganized and scattered into thin air, can secrete no more thought. Its function can be no longer exercised. The conscious mind or soul has gone out.

Surely this is a dreary philosophy, and not more "contrary to religion" than to enlightened science and sound reasoning.

There is, in my judgement, a higher and better view of things:—A Divine Being of substance above and superior to matter—by Whom matter is created, or, as the original Greek of John's Gospel has it, begotten—by Whom also finite spirits, of substance above and superior to matter, are created or begotten, through or into material organisms, with power to mould, adapt, perfect and use these grosser organisms—even as these finite spirits themselves are developed, and perfected through the divine agency. Then when the material organism fails, disolves and is dispersed, the spiritual organism which dwelt within, being of essentially different and superior substance, may rise unbroken, undissolved and immortal.

Nor according to this view is "force" an attribute of matter. It is rather a phase of the divine energy, working constantly in multitarious ways into nature, and contracting all material things. God does not leave the universe which he creates. It feels his power everywhere. The laws of nature are but his methods of working and superintending. And he does not permit the universe to develop him as a property, attribute or appendage.

I will say nothing further on this snbject at present, but could not well say less.. Would like to have it understood, also, that no unkindness is felt towards the accomplished writer whose article is under review.

MEDICAL METAPHYSICS.

BY A. O. FULLER, M. D., MADISON, O.

Physicians are proverbially skeptical. The scalpel nowhere reveals the soul. We are brought continually into the sphere of decay and death, and no voice comes from the dead to tell us that mental phenomena are not inseperable from physical life; the result of vital action of nerve and brain ceasing with their decay.

If an indigestible supper will excite dreams wherein a thousand thoughts will be evolved in a few seconds, so the events of days will seem to occur in an instant, and the same cause give character to thought,producing inexpressible terror and mental anguish to the strongest intellect, may not all thought be a result of physical states induced by external causes?

If disease produces insanity and mental imbecility, may not death stop all mental action? If pressure on the brain stops all mental action, to begin years after when the pressure is removed at the point where it ceased, can we expect thought to continue when the brain is destroyed?

So, secretly, we question if man is immortal, scarcely giving place in thought, much less in word, to the dread spectre of annihilation.

If we are told man's wonderful endowments argue him immortal, we know from comparative anatomy other animals are his equals or superiors physically, that their lives better accord with nature, and are more free from morbid conditions. The horse and the dog are above the cannibal in physical, if not in mental life. To call the lower orders of mankind brutal, is to insult the brutes, who are not slaves to vile lusts and morbid appetites.

Can the sweetest melodies of the human voice rival the songs of birds? Can human affection be more constant than that of the tiny songster who carols love notes to his patient mate from dawn till night? or can woman's maternal love be more perfect than the timid creatures we call brutes, that defend their young against every foe, whatever the odds, with life itself? Can human friendship be more faithful than the devotion of the dog to its master?

We look upon the decay of human beauty and perfection in death, or fearful disease, more dreadful than death. Infancy and perfect womanhood, beauty seeming too divine to perish, and man in his glory turning to corruption and dust. To the agonized questionings of love, death gives no response, but is silent as to man's immortality, as when its touch changes to the same dust as man's, the brute or the flower. *True*, new life is ever springing forth to fill the void death makes, but it comes from vital germs—not from death. The worm endowing with its own life the wondrous creature of light and air, we think foreshadows our own change to a higher sphere.

And then do we not secretly doubt if there be a God, an intelligence ruling the universe with infinite power, wisdom and goodness, with a nature responsive to the highest attributes of our own, in whom all life originates, and whose loving care extends to its minutest forms? If there be, why is man subject to such terrible evils? Why are numberless diseases, like fierce demons, sent to seize men in their relentless grasp, torture them with a thousand pains, blighting youth and beauty with premature decay, crushing human hopes, and spreading the pall of death over earth?

Why is human birth—the highest and holiest attributes of our nature, made to inflict untold agonies upon woman, so that her entrance upon the divine functions of maternity is through a baptism of blood? And why do stricken hearts cry continually to heaven without relief?

We want a thorough knowledge of human life, and for this we must understand its relations to the infinite. If there are solutions of its problems, it is important that we know them; for our own individual happiness, for the ministry to grief and mental ailments, for wise conduct at the bed of death, where we need not give place to "ghostly advisers," too often bringing terror instead of peace to the sufferer; and for the love of truth let us have light, though it be but glimmerings from its uncreated fountain.

I may say nothing new, but we need to be reminded of old truths.

Is there a firm basis for belief in God and immortality? Is there perfect harmony and sublime order in all nature, proving the being of its author; and beyond the seeming discord and evil, is there provision for virtue and happiness, showing infinite wisdom and love?

Whereon must we base our faith? Written or spoken words alone may deceive us, though they should be uttered from the skies; for man, or some higher spirit, might with ignorance or design so delude us. But the facts of Infinite power cannot mislead if understood.

To ignorance, the starry heavens seem an intricate maze, in which reason is lost; to science, they exhibit a scene of sublime order and splendor. To ignorance, an eclipse seems proof of evil and disorder in the universe; science knows it is proof of Infinite accuracy of design. So may it not be of all apparent evil in the course of nature, that it is so only to our limited view, and that to know the whole scheme of the universe, would be to see boundless proof of creative wisdom, goodness and love.

All permanent religious faith must be based upon the theory of Infinite goodness in the Creator, for this affords the chief proof of immortality. Books, creeds, and traditions, are delusive, and theology false—not starting from the promise. It is not in our nature to rest in any other faith; but freedom of thought does not conflict with Christianity—for if Christ was, as it is said, "the brightness of the Father's glory, and the express image of his person," God must be Infinite love —"God is love!" With this truth assured, the universe is seen to exhibit sublime order and beauty. Of this truth, *man* in his normal state affords conclusive proof.

We start from the axiom, that every cause must be equal to its effect. What can we know of the first cause, from what we know is effected? No one will say the simplest work of art had not its origin in intelligent design, much less assert the same of a complex piece of mechanism. A knowledge of anatomy shows the human body is far more intricate and elaborate in its mechanism, than all the works of art together. In power of adaptation and varied action, it surpasses them all.

What triumphs of engineering to construct miles of conduits, with power to propel their contrary penetrating tissues, crossing joints and solid bones, but never deranged by the most complex motions of the body, and these not a single tube, but with several walls performing different functions. Also in the action of muscles over and through each other, and in the "composition of forces," in their construction and attachments, observing the nicest principles of mechanism, so as to exert incredible force.

The telegraphic system of the world, vast and intricate as it is, is worthy of little notice compared with the wondrous system of nerves in our human body, which instantly transmit sensations and volitions.

What a mysterious organ is the heart, with its sleepless and unresting energies—in action from the dawn of life till death. What a chemical laboratory is the human body; taking crude elements, and elaborating from them the most delicate and beautiful tissues and organs, of most diverse substance, and endowing all with life. All the art of the chemist cannot form a single organic cell, but these changes essential to life, are effected with Infinite ease and certainty—as silently and as sublimely as the course of the stars.

How wonderful the structure of the organs of sense. Each a mystery, each an inlet of immeasurable delight to the spirit which they connect with the universe. It is useless to particularize one part of the body as evincing benevolent design, where all parts and the adaptation of each to all others alike display it. Every function of life in its normal state, produces pleasure alone. Disease, pain and premature death, result from violations of the divine order. Why ignorance of law is permitted, and such severe lessons given to teach obedience, we can only surmise. "We are put to school in the flesh to learn the alphabet of the mighty volume that shall unfold its bright pages to us through eternity."

With such terrible examples of the effects of disobedience to law, we shall, in our future, be law-abiding citizens of the universe.

It is the labor of a life-time to analyze the human body. Much of its structure and functions must ever remain a mystery to the most profound and untiring research. Is it possible such a being should exist as a result of blind forces inherent in matter? Is the proof of design lessened because men are numbered by hundreds of millions, and because other things are as wonderfully organized?

If the endowments of the body teach us of creative power, no less do those of the soul,—its faculties adapted to each other so as to form a complete being, the whole related by mystic ties to all other beings.

Is intellect, that can soar amidst the worlds, measure the dimensions of the sun and the velocity of light, track the course of comets, and determine the elements of the stars, less than divine in its origin? Can its destiny be to perish?

(*Concluded in next number.*)

DISEASES OF THE NERVOUS SYSTEM.

BY S. R. BECKWITH, M. D., CINCINNATI.

From the time in the history of the science of medicine when anatomy was sufficiently known so that a tolerably definite idea could be formed of the relation that nerves bear to other parts of the body, it has been universally admitted that pain caused by injury or disease was due to some disturbance of the function of nerves, a change of structure or mechanical injury of the same.

And from the time that pathology was recogized as one of the most important collateral sciences in the study of medicine, the location of disease has usually been referred to the place where pain existed, or where the function of some particular organ was changed from a healthy to a diseased condition.

And all diseases, either surgical or practical, were considered local or localized, with the exception of a few cases, where the evidence was so complete that diseased action was remote from the seat of pain, as in hip disease, where the pain in the majority of cases is located in the knee, especially during its early stages.

The effect of thus attempting to localize the seat of disease at the place of suffering has led to many grave errors in diagnosis, and our school of medicine above all others has committed more serious errors in following the opinion of Hahnemann in that unfortunate expression of his when he says, "all diseases are made manifest to the practitioner by external symptoms, and the *tout ensemble* of those symptoms is all that is necessary to make a correct prescription."

This sentiment I have already said was unfortunate for the reason that it was accepted by many as being all that it was necessary to know of disease, and when they had learned or had sufficient knowledge of materia-medica to select a remedy producing corresponding symptoms, they then supposed they possssed all the requisite information to make them competent physicians. And we very often hear practitioners of our school exultingly saying, "I prescribe or treat a case only by the totality of the symptoms." "I believe with Hahnemann, the sole and principal object that a physician ought to have in view in every case of disease, is to select his remedies according to the external symptoms,—and that is all that is necessary to cure and transform disease into health."

Such practioners may and do prescribe well, cure very many of their patients, obtain a creditable reputation and are self-satisfied with what they know and with their manner of treating the sick.

But are they physicians, or mere casual prescribers, hardly worthy the name of Doctor? These are questions we leave for others to answer, only giving it as our opinion that no man should lay claim to the title of M. D. until he possesses a more complete understanding of his duties.

The numerous cases that are daily observed by medical men when disease is found remote from the symptoms—as in case of pain in the head from constipation, or in the stomach from disease of the uterus,—are too common to require of us any argument to disprove the Hahnemann theory, and we are bound to accept different conclusions as a guide to us in interpreting disease. The only explanation that can be offered to aid us in understanding how disease may exist remote from the seat of pain and apparent disturbance is that of reflex action or communication through the nervous system, in the majority of cases; in minor instances, that of absorption and other physiological phenomena. The object of this paper is not so much to give a treatise on the diseases of the nerves as to call attention to the fact, that we all have frequently formed erroneous opinions in diagnosis, by not understanding the true pathology of disease, in reference to the part which the nervous system plays in most ailments.

Nerves of sensation have remarkable power in rapidity of conveyance. Nerves of motion convey less rapidity but more forcibly. Nerves of sensation give off evidence of disease by reflex action; those of motion by direct action, and must themselves be affected in some way when disturbance is manifested in them. For example, divide one of the nerves of animal life or motion, and no immediately bad results follow, but let the cut end become pinched and the function of the nerve is not alone intercepted, but there is a pathological change in the nerve itself before tetanus follows. Microscopical investigations prove that the nerve or its neurilemma, or both, are altered from a normal condition; and the symptoms produced by such change may be manifest at any portion of the nerve; by the disease being conveyed or extended by approximate remoteness or contiguity, this class of nerves supply the senses, skin and organs of motion.

While the nerves of organic life (or sensation) supply the viscera, blood-vessels manifest disease as frequently by reflex action, as otherwise, without any pathological change in the nerve, the action being produced by a change in the pathological function of the nerve.

From these two conditions the useful lesson is learned that symptoms of disease manifested by the nerves are not positive evidence of the seat of the disturbance.

Hence we cannot rely on the symptoms alone in forming an opinion of the seat or kind of disease that we have under observation. As in the case of headache from constipation, we may give a remedy producing the symptoms of the pain with all its peculiarities as to aggravations, &c., yet the relax, if any, is but temporary. Remove the cause by any means and headache soon is cured And so I might enumerate numerous diseases requiring different treatment from that indicated by the symptoms.

Would it not be better for us and more rapidly advance our system if we should do away with our objections to local treatment?

TATTOOING OF THE CORNEA.

BY DR. C. E. WRIGHT, INDIANAPOLIS, IND.

We reproduce an article on the above subject, by L. Von Wecker, of Paris, printed in the last number of the Archives of Ophthalmology and Otology, for the purpose of adding our experience in such treatment.

Dr. Wecker says; "It is an acknowledged fact that foreign substances may be introduced into the tissue of cornea, and remain there for a long time without producing any irritation. How often we see abnormal coloring of the eye, caused by the injudicious use of preparations of lead and silver in the treatment of ulcerations of the cornea, and how little has this peculiarity of the cornea been made use of for therapeutical purposes.

"That we can introduce small quantities of slightly irritating substances into the cornea without the liability of producing any considerable reaction, was made apparent to me by the following observations: 1, I observed that in workmen, wounded by the explosions of mines, the grains of powder remained in the cornea without producing any remarkable haziness in the surrounding tissue. 2. I have often treated children, who have had steel pens stained with ink stuck into the cornea, without the ink left there producing any appearance of irritation.

"My first experiments to avail myself therapeutically of this tolerance of the cornea, was to give a black coloring to disfiguring white opacities of the cornea. Ophthalmic surgeons are often requested to remove such leucomata, which even from a distance make a disagreeable impression upon the observer, and how often have the surgeons had to declare their inability to do so. Tattooing of the spots enables us to remove the disfiguring in such a satisfactory way that it requires a very attentive observer to notice a difference in the appearance of the two eyes. I have already given it as contrary to my opinion that the object is not only to give to these specks a grayish tint, but that the purpose of the treatment is to color the opacities so entirely black, that after the lustre of the cornea has been restored by an even coating of epithelium, such a central colored spot gives to the observer the impression of a black pupil. With some perseverance on the part of the physician and patient, such a result may be obtained in from six to eight sittings, and I have often presented to the visitors at my clinic such patients, who have been operated on to their satisfaction. It seemed to me in the beginning of my experiments, that tattooing of the cornea could only be employed to obtain most satisfactory cosmetic results, when my attention was drawn, through some of my patients, to another use of this little operation. I have often made the operation in central adherent leucomata after having formed an artificial pupil, more fully to restore the visual power. Nearly all patients thus operated upon, in whom the central extreme haziness extended to that part of the cornea which was opposite the artificial pupil, and in whom I made the tattooing upon this grayish part of the cornea, said spontaneously that after the completion of the tattooing, the visual power of the eye operated on had considerably improved.

"There is no doubt that the suppression of the diffusion of light plays the part of a stenopæic glass. I decided, therefore, for optical purposes, in central semi-transparent opacities, which are so detrimental to visual acuteness, to make a small pupil downwards and inwards, and then to color entirely black the central grayish part of the cornea. I need scarcely mention, especially in a darkly pigmented iris, that tattooing removes the peculiar dull expression caused by such central specks. The number of cases treated by me, in this way, is yet very limited, but the results obtained appear to me highly satisfactory, and I think we may find in this operation, in certain cases, a substitute for the stenopæic glass, which patients dislike so much to wear.

"As regards the method itself, I made use of a small chisel-shaped knife, such as is used in England for removing foreign bodies from the cornea. The knife must be ground to a fine point like a needle, fix the globe, and have always in readiness two such knives, in order to execute quickly the 10 to 20 punctures under the epithelium. These punctures must be made very close to each other; and when the opacity is thickly sprinkled with punctures, then I color very carefully the interstices at the following sittings. I have never noticed any violent appearances of irritation following the little operation, and most of the patients resume their business immediately. To obtain the most satisfactory results in extensive leucomata, we must have from six to eight sittings. We never find any resistance on the part of the patient, the operation being so painless that they are not disturbed in their business. Softness of the cicatricial tissue facilitates the imbibation of the coloring matter; but old hard cicatrices, especially those mixed with chalky material, make the operation more difficult, and require more frequent repetitions.

"I do not doubt for a moment that tattooing of the cornea will find a definite place in the treatment of eye diseases, on account of the painlessness of the method, the absence of any danger, and the ease of its execution.

"Even the fear expressed by some patients that the results of the operation may disappear in some years, is easily overcome, on account of the want of pain, and the little time required for a repetition of the procedure."

We have thus give in full Dr. Wecker's article, and have to add that our experience entirely confirms all that the originator claims for his little operation, and even more, as we have discovered. Not only is it valuable for its cosmetic effect and for the lessening of the diffusion of light by leucomata, but for another reason which we will illustrate by a case operated upon. A patient who had formerly suffered from extensive ulceration of the cornea of one eye, applied for the relief of central staphylomatous bulging of the cornea and the annoying diffusion of light, caused by the opacity which covered the entire lower half of cornea. The eye had been treated with pencillings of astringent and irritating collyria for years, under the vain hope that the protrusion would at least be held in check, if not entirely overcome.

The upper half of cornea was perfectly clear. and vision good in upper half of field of vision. Wecker's operation was proposed, and was readily acceded to by the patient. After only five sittings the opacity was made black, *the staphyloma has greatly decreased*, the diffusion of light has been so much decreased that the patient now keeps the eyelids open in strong light, whereas before closure of the lids was almost a constant habit, and vision in the operated eye has decidedly improved.

The operation is almost entirely painless, and remarkably little irritation was felt after each sitting. The irides being very dark, the eye now presents to the observer but little if any deformity. The lessening of the staphylomatous bulging, which has been so marked as to attract the attention of several physicians who witnessed the operation, is the most remarkable feature of the case; and is an effect not spoken of by Dr. Wecker. No paracentesis was made during the operations, perforation being carefully guarded against. Instead of the knife used by Dr. Wecker, an ordinary straight cataract needle was employed.

We have two other cases now undergoing the process of tattooing of the cornea, which also promise equally favorable results.

THE PROPER DEFINITION OF THE WORD CURE, AS APPLIED TO MEDICINE.

BY PAUL F. EVE, M. D.
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To the unprofessional, the science of medicine consists in studying the names for diseases, and prescribing remedies. People come to us to find out what ails them, and to obtain what they believe will cure them. They never consider that every case is a problem to be solved for itself, requiring special examination, due deliberation, and study; and then, after all, it may embarrass the most skilful, demanding consultation to determine what is best to be done. A doctor versed in the nomenclature of his profession is always preferred to one familiar only with its therapeutics, as everybody is ready to prescribe the well-known remedies for any disease, however obscure or formidable.

A morbid condition is never considered to be a modification of the natural phenomena of life—a perversion of the healthy functions—but is attributed to some noxious agent in the system, a certain something superadded, which must be removed, or counteracted by appropriate medicines, before health can be restored. For instance, an inflamed finger suggests the name of whitlow, and, without inquiring into the cause producing it—alike regardless, too, of constitutional peculiarity, the age, sex, habits, season, state of health, stage of inflammatory action, or what tissue may be affected, whether the skin, the cellular tissue, sheath of the tendons or the periosteum, &c., simply because it once did good in a case, a small fly-blister, (it may be,) is recommended, with the most positive assurance that, in six hours, the *felon*, the source of all the pain, may be taken out with the point of a needle or scalpel.

The less medicine a physician prescribes the more unpopular he becomes; the more he trusts to the efforts of nature, in relieving his patients, the less will he be appreciated; and he who ventures to decide, in any case, that the best thing to be done for it is nothing at all, may as well at once retire from practice. Yet is the assertion most true, the older a practitioner becomes, the less confidence has he in medicines; and, as a class, it is proverbial how little physic doctors take themselves.

In a recent discourse to his church, a minister of this city, and he holding a medical diploma, made the ungracious imputation upon us for attending calls on the Sabbath, because, said he, such patients ought not to be indulged on that day; but even he writes: "The doctor cannot always diagnosticate a *cure.*" Again, he has "devoted years accumulating knowledge on the subject of *curing diseases.*"

That this is a true description ot medicine in the estimation of the public, no one, we think, will deny. The whole of our science, if they admit we have any at all, consists simply in finding out what ails the sick, and then trying to cure him by remedies for his disease.

In yielding to popular prejudice, our profession has been placed in a false position, for which we ourselves are not wholly blameless. Practitioners of medicine are looked upon as curers of diseases and healers of wounds; and if we fail—as assuredly we must, and ever will, in the very nature of things,—we ought not to complain that efforts are occasionally made to hold us responsible for bad results in practice. It is certainly the interest of our patients to do so, and as the world is now estimated by a moneyed valuation, these suits must be expected. Counting, then, the number of cases of alleged mal-practice, the question naturally arises if the time has not come for us to take the true position, that one by which this unpleasantness can be prevented. sustained, too, as it is, by truth, the aim of all honest men, and sanctioned by the highest of all authority, viz: *that in caring for the sick we do not profess to cure them.* No minister of the gospel promises to save the souls of his hearers by his preaching, or by any other human means; nor can any surgeon produce the plasma to heal the slightest wound, no obstetrician deliver a woman, nor any physician restore a patient to health, without the *vis medicatrix naturæ*, or what we more familiarly term nature. If the patient have not the constitution, the power within himself, to resist morbid action, no man living can give it to him. Then why shall we assume, or encourage the prevailing opinion that we cure

—we heal! Away with all false pretentions—the arrogant assumption of functions beyond the power of man; and let us be thankful that we are even humble instruments in the great and good work of promoting health and prolonging life; ever acknowledging, as we should, that it is God alone who healeth *all* our diseases.

In this definition of the word *cure*, as applied to medicine, it is not denied but that there are therapeutic agents much better adapted to relieve certain affections, or morbid conditions of the body, than are others; or that it is wrong to search after, or to engage in preparing such medicines. The great probability, however, is, that there are no specifics. Mercury, we admit, is apt to salivate; sulphur to destroy the source of the itch; atropia to dilate the pupil; acid to neutralize alkalies, and quinine to prevent chills and fever, &c., but as diseases, some of which are self-limited, vary according to season, latitude, condition of patients, their progress, &c., so there can never be a remedy for any one of them, and no such thing as a *cure*. The world is now about six thousand years old, and does not yet acknowledge one, The offer of thousands upon thousands of francs, by Monsieur Briant, of Paris, for a cure for cholera, has not yet been awarded, and it may safely be predicted never will. For, as every one is recognized by his own peculiar countenance, so may it reasonably be inferred that he also possesses a special organization, a constitution and system *sui generis*, distinct and different from all others. Daily experience teaches that what is food for one man may poison another. No medicine whatever will affect any two persons precisely alike. Even the number of actions from a dose of salts, the most astute physician will not venture to predict. How, then, can it be possible, from these indisputable facts, the idiosyncracies of individuals, and variability of diseases themselves, even in epidemics, to prescribe for the mere name of an affection. Yet those who do this are legion, and their advertisements alone, independent of the sales of proprietary medicines, ought to be sufficient to support a pretty strong government.

By the definition of the word "*cure*," as applied to medicine proposed and advocated by this communication, let it not be inferred that modern practice is a do-nothing system. By no means; far different. It does not simply amuse while nature cures. Knowing how little can be done when the house is in flames, we are bestowing more attention to hygiene and the preservation of health. If it cannot cure, it obviates the necessity for resorting to too much medicine. Its master-work is the *prevention* of diseases, by investigation into their causes. When cholera was announced, a few years ago, to have been imported into Blackwell's Island, New York harbor, the Faculty of that city proposed to extinguish it in five days. By disinfectants, cleanliness, and putting the patients into tents, &c., in three days the threatened epidemic was at an end.

We are aiming, not to cure, as people will insist we are, but rather to extinguish the spark, to check the incipiency of attacks, to cut short, to divert morbid action. *Obsta principiis* is our motto, and medical science teaches that we do abort, jugulate, arrest, and thus control, many ills that flesh is heir to. Then, by the more chary use of the word "cure," in its application to the practice of medicine, our profession will be better understood, our patients expect less from us, we will be acting more honestly, and consequently made happier. Truth should ever be our aim, and if in error, a candid confession will do us good, and it is no reflection to acknowledge that the province to cure the body, like the salvation of the soul, belongs alone to Him who made them.—*Nashville Journal of Med. and Surgery.*

ON CONJUGAL ONANISM AND KINDRED SINS.

BY WILLIAM GOODELL, M. D.,
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GENTLEMEN—Inasmuch as certain members of the "London Dialectical Society" have been poisoning the public mind with subtle arguments against "Over-Population and Large Families," I purpose this morning to devote my hour to some subjects which are not strictly medical, and yet with salient medical aspects—subjects in themselves vile and filthy, but which concern us as physicians. The wise son of Sirach has laid down the abstract truth that "the knowledge of wickedness is not wisdom;" and yet for the correct interpretation of diseases, we must intrepidly search out their causes, whether moral or physical, however loathsome or impure they may be. Receive, then, these neccssary supplements to your instruction in the attitude of true students; for to such the knowledge of immorality cannot be immoral.

Early in the practice of your profession, you will, I am sorry to say, find out that many of your patients, who should be the heads of large families, are practising detestable arts to avoid offspring. You will, on the other hand, be approached, perhaps indeed be hard pressed, by husbands, and, for that matter, by wives also, for some method of congress unattended with the risk of impregnation. You will also be consulted for the mental and bodily infirmities resulting from these and other sexual sins. You must not, therefore, go out in the world ignorant of these evils, and consequently incompetent to grapple with them. It is, however, so hard a task to discuss such subjects in acceptable language, that I confess to some squeamishness, and would much rather refer you to suitable text-books. Unfortunately, although our land is flooded with a copious literature treating of the conjugal relations, with rare exceptions it panders to our worst instincts and defiles with the slime of an impure fancy. Impudent quacks and men of battered reputations must not be your guides; far better is it for you to learn a new thrust of fence from a friendly foil, than from the stab of a foe.

My purpose is less to discuss the moral obliquity of these secret sins of the community than to show the resulting disorders. Yet I shall not limit myself to the one point of view, for the conjugal relation is two fold in its nature: it has a moral as well as a physical expression, but so interwoven that it is hardly possible formally to dissociate them. Nor would it be wise for a physician so to do; for who, so well as he, can determine how far a disturbance in the one will affect the other? Moreover, so irreparable is the moral and physical degradation resulting from these vicious sexual relations, so damaging are they to good health and to good morals, so fatal to national prosperity, that I cannot go far astray in assaulting them with every available weapon.

You have all had a religious training and respect the teachings of the Bible; let us see what light they throw upon the conjugal relation. The first words addressed by God to our first parents conveyed the following blessing and command: "And God blessed them, and God said unto them, Be fruitful, and multiply, and replenish the earth." The same blessing and command, in precisely the same words, were twice given to Noah. Abraham and Ishmael received the same blessing, and so did Isaac, thrice in one chapter. Laban's household sent away their sister Rebekah with the same blessing. "Give me children, or else I die," was the cry of Rachel.

Jacob called his offspring "the children which God hath *graciously* given thy servant;" and the same patriarch, when dying, raised himself upon his staff in order, with greater solemnity, to invoke upon his beloved son Joseph "blessings of the breasts and of the womb." The Psalmist declares that "children are an heritage of the Lord; and the fruit of the womb is his reward;" and in Exodus we read that if a man "take him another wife, her food, her raiment, and her *duty of marriage*, shall he not diminish." Throughout the Old Testament you will find that fruitfulness was regarded by Jew and Gentile as the greatest of earthly blessings, and that as such it was the reward of the righteous, and as such it was withheld from the wicked. How a profanation of this blessing was regarded by God you all know from the history of Onan, who was slain for resorting to one of the "preventive measures" in vogue at the present day. Again, in the New Testament, we find St. Paul giving the following advice to the married Christians at Corinth: "Defraud ye not one the other, ... that Satan tempt you not for your incontinency. Let the husband render unto the wife due benevolence; and likewise also the wife unto the husband," etc. I have not the time to quote all that the apostle says upon this subject; but, mind you, this advice was given in troublous and persecuting times; times in which the temptation was great to prevent the increase of families; times to which the words of our Saviour were especially applicable: "Woe unto them who are with child, and to them that give suck in those days."

To these scriptural precepts and blessings you may perhaps object that they were designed for special purposes, and that, as such, they cannot concern the present generation of men. While unwilling to admit this, I reply that there is a natural religion as well as a revealed religion: the one, God's book; the other, Nature's,—a "Second Bible," as Bacon happily terms it. You have heard what the one enjoins; now listen to the teachings of the other. Let me turn to our Case-Book and read out the history of one of our clinical patients. Some of you have seen her in my private room, but, for obvious reasons, I have not brought her before the assembled class.

"A, B., aged 30, married ten years ago, has had two children, one of them dying shortly after birth. Six years ago she and her husband came to this country and opened a small store. She was at that time in robust health, 'very happy,' and cheerfully waited upon their customers. For no assignable reason, her health soon began to fail, and six weeks ago she came for advice in a truly pitiable plight. To use her own language, she was 'very weak and miserable;' 'crying all the time;' 'cannot remember anything for ten minutes;' forgets the price of the goods in her husband's store; was 'constantly mislaying needful articles and making mistakes in making change.' She was 'very suspicious,' fancied 'that everybody was against her and talking about her,' and confessed to being extremely jealous of her husband. In addition to these mental disturbances, she eructates large quantities of wind, is obstinately costive, has violent palpitations of the heart, and cannot go up one flight of stairs without getting out of breath. She often staggers, loses consciousness, and sometimes falls from vertigo; is annoyed by a persistent *globus hystericus*, and has no appetite whatever. The catamenia appear every three weeks, are abundant, but unaccompanied with pain. She has. however, a constant pain in the sacral and in the left infra-mammary region; also, a frequent desire to pass water, and much 'bearing down' of all the pelvic organs."

Without wearying you with every detail, in one word, the subjective symptoms of uterine disease which she presented were more numerous and more marked than I had ever before seen in one patient. In making a vaginal examination—to which she reluctantly submitted—I was struck with the excessive sensitiveness of her tissues, and with the uncontrollable excitement under which she labored,—symptoms hitherto in my experience limited to unmarried women addicted to self-abuse. I found the vagina crimson and hot, the womb tender to the touch, intensely congested, somewhat prolapsed, and in the first degree of retroflexion. The sound, passing through a patulous internal os, caused much pain at the fundus, and a slight hemorrhage upon its withdrawal. The *os tincæ* was surrounded by a collar of erosion, and plugged with the characteristic glairy secretion. Finally, she flinched from any pressure, however light, over each ovarian region. The significance of these symtoms I explained to her, but I need not to you.

She then took me aside, and, unsolicited, told me her history. Being in straitened circumstances upon their arrival in this country, and withal anxious to lay by money she and her husband had agreed to have no more children. With this view, she had submitted to the following fradulent and one-sided expedient: at the height of the orgasm the husband withdraws from her person, and thus commits the crime for which Onan was punished with death. For six years such incomplete coitions had been practiced, usually as often as five times, and never less frequently than three times, a week. She had at first attributed her ill health to change of climate, but quite recently had begun to suspect its true cause from an unexpected improvement in all her symptoms during the casual absence of her husband on business.

Prompted by this suspicion, she came to consult me as to its correctness, and actually, in case it was confirmed, to learn from me some other preventive method of congress. I explained to her the sinfulness of her conduct, and urged her to receive the approaches of her husband in a normal way, as otherwise nothing could be done for her. This, however, she flatly refused to do, saying she would much prefer a separation or a divorce from him. Upon inquiry, I learned that her "husband was not the man he used to be;" that he was morose and dyspeptic, complaining much of general weakness and loss of appetite. Two weeks later she came with much glee to say that by a mutual agreement this incomplete act of coition was in future to be limited to twice a week, and that she was now ready for treatment. Whereupon I refused to have anything more to do with her; and I have not seen her since.

You have heard, gentlemen, this sad history,—the history of a woman whose health is shattered, whose morals are perverted, whose mind is verging towards insanity. Now, what physical law of her being, what moral obligation, has been broken? Why has Nature been so resentful, and why these fierce reprisals? These are questions which press for an answer.

The sexual instinct has been given to man for the perpetuation of his species; but, in order to refine this gift and to set limits to its abuse, it has been wisely ordered that a purely intellectual quality—that of love—should find its most passionate expression in the gratification of this instinct. Dissociate the one from the other, and man sinks below the level of a brute. Destroy the reciprocity of the union, and marriage is no longer an equal partnership, but a sensual usurpation on the one side and a loathing submission on the other. Consider the moral effects of such shameful manœuvres: wedlock lapses into licentiousness; the wife is degraded into a mistress; love and affection change into aversion and hate. Without suffering some penalty, man cannot disturb the conditions of his well-being or trespass beyond its limitations. Let him traverse her physical laws and Nature exacts a forfeit: dare he violate his moral obligations, an offended Deity stands ready to avenge them. That this law is immutable, witness, from the history read to you, the estrangement between the husband and wife; witness his ill health and ill temper, and the wreck of body and mind to which she has been reduced.

The husband suffers mentally, because no *man* can behave in so unmanly a way without a keen sense of self-abasement, without being stung by the chastisement of remorse. Dishonor the body, the temple of the soul, and you dishonor the soul. Again, by this cowardly recoil, his enjoyment in the act is so blunted that he is tempted to seek elsewhere for those pleasures which are denied him at home. Further, he suffers physically, because, although he passes through the crisis of the sexual act and completes it in that sense, yet, owing to his withdrawal from the person of his wife just before the moment of ejaculation, this acme of the orgasm, by the lack of the normal and necessary adjuvant—viz., the rugous and constringing vagina—is not sufficiently prolonged to wholly empty the *vasa deferentia.* Enough of the semen remains behind to tease his organs and to kindle in him desires too importunate to tolerate any great self-control. He is thus goaded on to such sexual excesses as no brain or brawn can long support; for a constant drain on the life-giving fluid implies a constant expenditure of nerve-force. Early exhaustion and premature decreptitude will inevitably ensue if this practice of "conjugal onanism" is persisted in. Nor is this name a misnomer; for there is no essential difference beween this habit and that of masturbation. Both injure in precisely the same way, and for precisely the same reasons. It does, indeed, seem to be the law of Nature that man must suffer the punishment of the onanist if he parts with the "seed of another life" in any other way than in that by which it tends to become fruitful.

The wife suffers the most, because she both sins and is sinned against. She sins because she shirks those responsibilities for which she was created. She is sinned against, because she is defrauded of her rights. Lawful congress completely performed so far satisfies an imperious instinct, that attendant local congestion are ~~not~~ at once relieved, and to great nervous excitement succeeds a calm repose of body and mind. On the other hand, conjugal onanism provokes in her desires which keenly solicit that very gratification which is denied by the nature of the act. The excessive stimulation of the whole reproductive apparatus remains unappeased. A nervous super-excitation continues, which keeps up, as in our patient, a sexual excitement and a hyperæsthesia of the parts. By forfeiting her conjugal rights, she does not reach that timely conjuncture which loosens the tension of the coarctive muscles of her erectile tissues. Hence the congestive orgasm of the vagina, uterus, Fallopian tubes, and of the ovaries, does not at once pass away, but persists for some time,—perhaps is not wholly effaced before another incomplete coition brings a fresh instalment. Thus arise engorgements, erosions, and displacements of the uterus, and inflammation of its appendages, accompanied, of course, by all those protean mental and physical manifestations which I have so often pointed out to you. She takes distorted views of life and of the marriage relation and harbors resentment against her husband as the author of all her ills.

But we have not yet done with the train of evils. The uterine, ovarian, and vaginal plexus of veins inosculate freely with the hemorroidal vessels, and consequently with the *venæ portarum.* Hence the turgescence of the one group of blood vessels leads to engorgement of the other, and the persistent congestion of the intra-pelvic veins determines portal obstruction, and *vice versa.* The absence of valves in all these vessels, and the erectile structure of the reproductive organs, favor this turgesence. As a consequence, functional derangements of the liver are commonly associated with uterine disease. No gynaecologist has failed to observe the alternate relation of cause and effect between these two conditions. To this interdependence may we refer the obstinate costiveness, the vertigo, the loss of appetite, the dyspeptic melancholy, and the suspicious nature of our patient.

Again,—for the ill effect of such practices accumulate,—the very barrenness aimed at by these criminal expedients is in itself a source of disease. In sterile woman the absence of pregnancy prevents a break in the constantly recurring catamenia, and the physiological congestion of the womb by ceaseless repetition is liable to become pathological. Add to this the unrelieved congestions arising from incomplete intercourse, and a prolific source of uterine and hepatic disorders is at once manifest.

I have so lately warned you against the disorders arising from excessive coitus, even when normally performed, and more especially from that indulged in during the fatigue and discomforts of the honey-moon journey, so often the starting point of uterine disease, that it is needless for me to recur to that subject. I wish, however, in this connection, to call your attention to another source of sexual trouble for which your advice will be sought. Either from undue ardor on the part of the husband, or from the too frigid nature of the wife, the sexual crisis with him is over before hers is reached.Such misadventures are productive not only of unhappiness but also of disease. Here, as in conjugal onanism, the female reproductive organs are kept in a state of congestion, which is followed by like ill results, the difference being only a degree and not in kind. For this lack of reciprocation—not, however, fatal to impregnation—you will counsel to the husband the practice of some self-denial as regards the frequency of congress, and greater self-control during the act, together with a recourse to such venial promptings as a warm and honorable affection may suggest.

But, to return from a digression, there are other artifices–nay,even equipments borrowed from the brothel,–-for the purpose of avoiding conception, which may well alarm publicists and statesmen. For, vile as they are, they have received the open sanction of those English political economists who forget that crime and vice and human suffering in their land are due less to "over-population and large families" than to absenteeism, to the laws of primogeniture and entail, to the grasping avarice of the rich, and to the intemperance, ignorance, and shiftlessness of the poor. All these expedients operate by directly preventing the access of the spermatozoa to the uterine cavity, by destroying them, or by washing them away ; but they are all hurtful equally to mind and to body. If it is hazardous for an overheated stomach to receive a glass of iced water,—its natural and accustomed beverage,—how much more will it be to deluge the over-congested womb with such foreign fluids as cold or astringent injections ! On the other hand, those mechanical contrivances for limiting the range of the spermatozoa so blunt the pleasure as to lead to unfaithfulness or their disuse. Moreover, in common with other teachers, I am old-fashioned enough to believe that pregnancy is a necessary condition to healthful and happy marriages, and further, that coition is innocuous only when complete in both husband and wife and when the germinal fluids bathes her reproductive organs. It is not always possible to trace the relation between cause and effect; some link in the chain of sequences often elude our search The *modus operandi* of many of our most common drugs is not known, and yet our confidence in them is not shaken, because the counterweight of our experience is greater. Therefore, for no other reason than that the common experience sanctions this postulate, I believe that the semen, aided of course by the general relaxation following the crisis, has a special property of allaying the congestive orgasm and the vascular turgescence of the venereal excitement.

For the limitation of families, some conscientious political economists recommend absolute abstinence. But, if the "nervous erethism" of long engagements is assigned by alienists as a common cause of insanity, and by physicians as a frequent source of uterine disturbance, what derangement of body and mind may not spring from this forced continence! Perhaps, however we are wasting words on impossibilities. There is a wide-spread delusion, as old as the art of medicine itself, that intercourse after the tenth day following the cessation of the menses is not attended with risk of impregnation. But ovulation is not necessarily menstruation; and he who constructs domestic time-tables or trusts to his almanac will find that accidents may happen in the best-regulated family.

There are in fact no harmless or available means for thwarting Nature's plain intention; for if they should not happen to injure the body, they assuredly will the mind. How immoral must be the effect when husband and wife meet, not "to endear each other,"—as Jeremy Tailor quaintly has it,—but to adjust accoutrements, to compound antidotes, and to consumate with pre-arranged precautions and cold-blooded calculations a union which for its perfect mental and physical fruition should be spontaneous and unrestrained! All these artifices soil the purity of thought, and degrade marriage into a carnal compact which regards alone the necessities of the flesh.

Such, then, are my views upon these so-called "misery checks" and "common-sense measures;" and I feel that they cannot be gainsaid. I dare any political economist to show me one innocuous expedient whereby conception may be avoided. I challenge him to name a single preventive plan which will not do damage either to good health or to good morals. Even natural sterility is a curse: show me a house without children, and, ten to one, you show me an abode dreary in its loneliness, disturbed by jealousy or estrangement, and distasteful from wayward caprice or unlovable eccentricity. Depend upon it, gentlemen, there are no thornless by-paths, by which man can skulk from his moral and physical obligations; no safe stratagems by which he can balk God's first blessing and first command. Therefore, as hygienists, if not as moralists; as physicians, if not as patriots; as guardians of the public health, if not as philanthropists, I charge you to frown upon such practices and take a bold stand against them. Else, see to it that in the end you are not held to a strict account for the knowledge you have this day gained.—*Philadelphia Medical Times.*

BURIED ALIVE.

BY T. EDWARDS CLARK, M. D., OF NEW YORK.

The domain of the so-called vital forces is becoming, with the progress of science, smaller and smaller. Respiration and digestion have been successfully laid claim to by the physicist, and shown to be essentially chemical in their nature. Growth and reproduction are often found associated with electrical phenomena. In the *gymnotus*, the vital forces, exerting their influence through certain organs, continue the species, but, working through its organized galvanic battery, they serve as a means of defence. Light, heat, and electricity, are known to act favorably on these forces—to increase their power; and it is as probable that the former are convertible into the latter, as it is that the physical forces are convertible into one another.

Hence the physicist finds little difficulty in accounting even for the phenomena of growth and reproduction; and it seems evident that he will be able to show that the vegetable kingdom is controlled entirely by one class of forces.

Animals, however, possess certain peculiarities which cannot be attributed to physical forces; for these have neither sensation, perception, nor volition. Forces, in kind like the chemical, may build up structures either in the organic or inorganic world: they may act on one another, and on matter, and produce changes innumerable, but they can neither feel nor will. Everything that the vitalists have claimed the physicists are likely to take full possession of; but these mental phenomena, manifested by all animated beings to a greater or less extent, cannot be connected with any known forces.

Under certain influences, man and the lower animals have the power of continuing to live when sensation and volition are laid entirely aside, and even when the vital functions are totally inactive, and the forces ruling in the body are as passive as those in the crystal. We have records of well-attested instances of persons recovering from drowning, after having been under the water for one-quarter, one-half, and even three-quarters of an hour, and when every indication of the presence of life was wanting. Snails have been revived after remaining for fifteen years in a dry and torpid state; and, according to Spallanzani, animalculæ deprived of moisture for twenty-four years have been brought to life by a drop of water.

Organized beings are frequently observed to exist for greater or less lengths of time, subject apparently only to physical or molecular forces, which are identical with those found in the inorganic world, and then to reassume those properties which we are accustomed to accept as characteristic of life. Some may be artificially thrown into this condition of seeming death; in others disease produces it, or it appears as a necessary provision for the preservation of the species.

In man, the vital functions may be held in partial or complete abeyance, either through disease or by an act of the will, and the words catalepsy, trance, aud hypnotism, are used to signify such a temporary suspension of the powers of the body and mind. Where natural among beings lower in the scale, it is called hibernation. In cold climates, the bears, the bats, the dormice, the marmot, and the hamsters, pass the winter months in this torpid condition, but in the tropics the season of extreme heat is the time for sleep. Both cold and warm blooded animals enter into this state, which seems to be induced either by the scarcity of food or the temperature of the air, or by both combined, for it may be prevented, as in menageries, by sufficient nourishment and a proper supply of heat.

The animal economy under these conditions appears to have the power of adapting itself to circumstances, and to manifest little or no need of food ; the temperature of the body sinks, and the pulsations of the heart and the respirations become less and less frequent. The vital functions are in some almost completely checked, and in others there remain no signs of life.

In trance or catalepsy the same things occur, and the only proofs of lingering vitality may be a slight amount of bodily heat and the appearance of moisture from the breath when a mirror is held over the face. Sometimes not even these evidences of remaining life are present. Dr. Good cites the case of a female who was peculiarly fortunate in having her burial postponed for the purpose of ascertaining the cause of her supposed death by dissection, for, on being submitted to the scalpel, its first touch brought her to her senses. Quite a number of instances of premature dissection are recorded, but the number of premature interments must be very large, judging from the condition and attitudes in which many skeletons have been discovered when old graveyards have been relieved of their charge and used for other purposes. Persons have been found sitting in their graveclothes on the steps of vaults, having, after waking from trance, died of terror or exhaustion.

Sometimes both consciousness and sensation are present, and yet the patient lies corpse-like, and has no influence over the body. We read of those who, supposed either to be dead or to be imposters, have suffered every variety of torture, without having the power of giving the least indication of it ; and of others who have been fully conscious of all the preparations for their burial, and have not been able to force the mind to act on the body till the lid of the coffin was about to be nailed down.

In that curious work, "The Dabistan, or School of Manners," translated from the Persian original, and published in Paris in 1843, we find the following: "Serud-nath, descending from Humayun, was of noble origin. Having in his youth attained to the mastership of that sect, he could restrain his breath for two days. In 1048 of the Higira (1638 A. D.) the author of this work saw him in Lahore." "Sanja-nath, of the sect of Ayi, was a man accomplished in restraining the breath; the people numbered him among the saints, and said that seven hundred years of his life had elapsed without his hair having yet become white; he was in the last mentioned year (1638 A. D.) seen in Lahore."

Avicenna and Celsus speak of those who could separate themselves from their senses when they list, and lie like dead men, void of life and sense; but we would naturally give little credit to the above statements had we not well attested instances of persons possessing the same power in very recent times. There are those who are able voluntarily to enter the trance-condition or a state more or less similiar to it. Mr. Braid has discovered that, if certain sensitive individuals fix their attention on any bright object held near and above their foreheads, their eyes soon become fatigued and close. If they still continue to keep the eyes turned toward the object, they pass off in a state which, in its full development, resembles trance-coma. He has given the name *hypnotism* to this artificial method, and has resorted it to not only for the cure of nervous diseases, but even for the performance of surgical operations, the patient being insensible and entirely unconscious of all that takes place.

Dr. Cheyne has published an account, which has never been questioned, of a certain Colonel Townsend, who could die when he pleased, and come to life again. He once made the experiment in the presence of his physician, Dr. Baynard, and Mr. Skrine. All three first felt his pulse : it was distinct, though small and thready ; and his heart had its usual beating. He then composed himself on his back, and lay in a still posture for some time. Gradually all signs of life disappeared. There was no pulse, no beating of the heart, and the mirror held to the mouth was not dimmed by the moisture of the breath. Those present reasoned for a long time about this strange appearance, and finally concluded that he had carried the experiment too far. As they were about leaving him for dead, they observed a slight motion of the body, and a beating of the heart ; soon respiration began, and gradually life was fully restored.

Since Mohran wrote his "School of Manners," other travellers have visited Lahore, and have given us such accounts of what they saw as to lead us to believe that Serud-nath and Sanja-nath were truly wonderful men.

Sir Claude Wade writes that in 1387 he was present at the court of Runjeet Singh when a fakir was buried alive for six weeks. Companies of soldiers guarded the spot where he was interred, and there was no chance for deception When the lid of the box, which served for a coffin was removed, the white linen bag, in which he had been placed, was found to be mildewed. On opening this his arms and legs were seen to he shriveled and stiff, and his head reclined on his shoulder like that of a corpse. The medical gentleman in attendance on Sir Claude could detect no pulsation in the heart, the temples, or the arm. The servant of the fakir then began making warm applications of various kinds, and by degrees the arms and legs relaxed from the rigid state in which they were found. He now removed the wax and cotton with which the nostrils and ears had been closed, and after the lapse of half an hour the devotee was able to speak.

Sir Claude's account is lengthy and carefully drawn up, as he writes what he himself saw; but there are others who have made similar statements, fully as reliable, of natives of India, who travel about from place to place, getting their living by being paid for spending ten, twenty, thirty, forty, or more days under ground, sometimes buried in common graves, without even the protection of a coffin.

In this age of great mental activity the power of science is felt almost everywhere, but it has not yet reached the real connection between mind and matter, nor is it able to comprehend the true nature of either of these. Within the past year a prize of considerable value has been offered for a means of determining in all cases whether a person supposed to be dead, is really so or not. We have seen that life has been only held in abeyance when the lungs and heart were totally inactive, and when the mirror held to the mouth collected no vapor. The temperature of the body helps us little to a correct decision; for in drowning it sinks early and rapidly, and in death from convulsions, and various other sudden causes, it often continues high for hours, and even days. Free perspiration, and a flush of the countenance, have given rise to delusive hopes. The flow of blood is no criterion, for we read of one who suddenly expired while at cards. His physician opened a vein in both arms, but no blood flowed. Two sleepy watchers found the floor of the room, in the morning, deluged with blood, and life was gone.

The conditions in the seed, or spore, are not unlike those in the crystal or in the egg. There appears to be an equilibrium of forces, and until this is disturbed by heat, light, or moisture, the possible plant sleeps in embryo, and the seed may remain a seed for thousands of years.

The crystal continues a crystal only so long as disturbing influences are not brought to bear upon it. When these do interfere, we may have either new crystalline forms produced, or new combinations by the union of its elements with other substances; just as the seed, under ordinary circumstances, changes to the plant-form by the addition of material from without.

The egg has in itself no progressive power. Like the crystal, or the seed, it remains stationary till acted on by external agents. If these are favorable for development, it may rearrange its particles and add to itself new elements; if these are unfavorable, it resolves itself into many combinations.

Such considerations lead us to believe that organic and inorganic matter are not to be distinguished from one another by the kind of forces in ruling each.

PLEA OF INSANITY IN CRIMINAL CASES.

From a lengthy and very interesting article upon this subject, by Jas. O'Dea, M. D., in the *Journal of Psychological Medicine*, we make the following extract:

It would seem, therefore, that the sane or insane quality of an act is no trifling question, to be settled by the application of some simple, common sense rule. It is, on the contrary, a very complex question, only to be rightly reasoned out by those who are fitted for the task by special education. The medical expert, to whom is committed what I will call an improperly organized share in this task, acquires his knowledge of the mental state of a given individual in two ways, both of which he must combine when the diagnosis is difficult, though only one may be essential when it is easy. That is to say, he acquires this knowledge through his study of the workings of the sound and of the unsound mind. If the insane state of an individual be clear and unmistakable, he recognizes it through his previous acquaintance with insanity; but, if it be ill-defined and so mixed up with indications of sound mind as not to bear on its face its own distinctive mark, he must combine his knowledge of healthy with his knowledge of morbid psychology. You see, therefore, how ill-judged it is to submit so important and difficult a question to the decision of twelve men who do not necessarily know anything positive about it, and who—doubtless there may be exceptions—are unfamiliar with the modern scientific method of examining and sifting evidence. And so long as the plea of insanity is submitted to juries, so long will it be possible to use it successfully for sinister purposes and to the detriment of the public interest. Whether or not the public is justified in the suspicion with which it now regards this plea is a point which I will not attempt to determine; but I may say, there is a pretty general impression that a criminal's chances of acquittal depend now, in certain cases, on the ingenuity of counsel in constructing a fanciful and highly sensational theory of what the wits have called "insanity *pro tem.*"

The desire for a reform which will surround the plea of insanity with safeguards such as are demanded by its dignity and importance, long felt has been much intensified of late. Two measures of reform, indeed, are needed. One should cause the plea of insanity to be removed out of our circuit courts altogether; the other to accompany this, should inaugurate a new method of calling medical testimony.

The first is urged in a recent message from Governor Alcorn to the legislature of Mississippi. "I propose," he says, "in order to separate questions of insanity absolutely from questions of taking human life, that your honorable bodies alter our criminal law substantially as follows: That in charges of murder, man-slaughter, or assault with intent to kill, if the question of insanity shall be raised before the committing magistrate, that magistrate, if he hold that the proof has shown a presumption of insanity, coupled with a presumption of murder, manslaughter, or assault with intent to kill, shall order the commitment of the accused to the county jail, or other place of safe keeping, to await his examination before the chancery court of the county in which the crime shall have been alleged to have been done." He shall be held there deprived of the right of *habeas corpus*, being incompetent to make a bond or take an oath. Then, after a stated preliminary form, the accused is brought before the chancery court to have his sanity or insanity pronounced upon. If it be decided here that he is not insane, he is to be deprived of the right to make this plea: "the trial for murder, manslaughter, or assault with intent to kill, shall go forward to the exclusion of that plea." But, in the event of the decision being in favor of his insanity, the court "shall order his duress in a ward or wards to be set apart for the restraint and safe keeping of the dangerous insane in the lunatic asylum."

I think these are the main points of this important message. Let us examine them somewhat in detail.

At the outset it may be asked whether it is proper that questions of insanity should be separated absolutely from questions of taking human life. In other words, whether, when the plea of insanity is urged, it should be made a separate and special issue requiring a separate and special trial. The answer to this will depend on a previous decision as to the objects sought to be attained by this separation. It seems to me they are as follows: 1. To facilitate the end of justice by preventing the plea of insanity from being brought forward as a piece of legal strategy; 2. To save unnecessary waste of time and means by overruling the necessity of a trial where the plea of insanity is substantiated.

But it may be asked whether it is desirable that the defence should be deprived of the privilege of encumbering the proceedings of a criminal trial with the plea of insanity merely for the sake of economy and the end of justice. The answer to this depends in a great measure on the view we should take of the purpose of a trial. Is it the purpose of a trial to facilitate the acquittal of the prisoner? If so, the plea of insanity should be urged in all cases by any imaginable means admitting it, as being the surest way of procuring an acquittal. Is it the purpose of a trial to bring about the condemnation of the prisoner? Then, such plea should be unconditionally excluded. But is it not rather the purpose of a trial to arrive at a just decision on all the ascertainable facts of the case? If this be true, the plea of insanity should be taken out of our circuit courts and passed upon separately.

It is at least logically necessary to determine, first of all, the question of insanity, because, if the accused be insane, he cannot be put on trial (in this State, at least, according to the statute) for the fact alleged against him; and, if he be sane, the plea of insanity should not be allowed as a refuge from the legal consequence of his act.

I am aware that this view is met, though not answered, by serious objections, not the least among which is, that it aims at depriving the subject of a right, namely, the right to set up whatever plea he deems best for his own interest, and to have this passed upon by a jury of his peers. To this I answer, that it certainly does deprive him of his just right; but that, inasmuch as the right is derived from the government, that is to say, from the common consent of the governed, and is conferred for the sake of the general weal and not for the good of individuals as opposed to the general weal, it follows that the government can rescind this right, and should do so whenever it is being used to the detriment of the public good, In this I am supported by the high authority of Mr. John Austin, who expresses himself as follows in the able work already several times quoted in this paper:

"The rights which a government confers, and the duties which it lays upon its subjects, ought to be conferred and imposed for the advancement of the common weal, or with a view to the aggregate happiness of all the members of the society,"

The right now in question, and our correlative duty to respect it, are conferred and enjoined by government for the advancement of the common weal, but in the event of its being used to the injury of the same, the government may either temporarily withdraw it, or take such precautions as will insure it from abuse.

Such are the answers to some of the objections which can be raised to Governor Alcorn's message. The message itself is incomplete, inasmuch as it fails to suggest any reform in the customary way of procuring and examining medical experts. For it is clear that, if, in this particular, the method hitherto followed in the circuit courts should be adopted in the court of chancery, the counsel for the accused and the prosecuting attorney, in pursuing the question into this court, will summon medical witnesses in the usual way; and so the reform contemplated by Governor Alcorn will have little or no effect. The old discouraging spectacle will be repeated, of experts employed for various politic reasons and induced to range themselves as opponents on each side of a contest. No doubt this radical defect has contributed more powerfully than any thing else to depreciate the character and influence of medical testimony. It is the chief reason why first class authorities in evidence are able, with too much truth, to depict medical evidence in such terms as the following:

"It is often quite surprising to see with what facility and to what an extent their views can be made to correspond with the wishes or interests of the parties who call them. They may not wilfully misrepresent what they think, but their judgements become so warped by regarding the subject from one point of view, that, even when conscientiously disposed, they are incapable of expressing a candid opinion."

The expression, "their judgement becomes so warped by regarding the subject from one point of view," clearly presents the result of the present injurious system. The radical fault is in this system, not in medical men or medical testimony. Unreflecting people are apt to jump to the conclusion that the defect lies with medical men, and taunt the profession with the silly expression, "doctors differ," as if it were a fact that doctors differ any more than divines, lawyers, or politicians, or the general lay body. No doubt medical testifiers make mistakes, but they are mostly of the same character as the mistakes of all testifiers who are ranged exclusively on one side or other of a disputed question—mistakes from that overzeal so likely to lead one to forget the cause of justice and truth in the exciting contest for victory and success. Behind the professional presence, with its prestige of cultivated talent and high social position, lives the man with his faults and imperfections; with his blurred and limited view of questions; with his greater susceptibility to warm emotion than to cool reflection; with his tendency to espouse a cause through sympathy often, often through interest. These faults are not professional; they are human;—he shares them with the whole human race. But, are they not greatly encouraged by our objectionable rule of allowing each side to appoint its own medical testimony.

What, now, may I ask, is the remedy? Shall we adopt the plan of employing a medical commissioner to sit with the judge? This would be a good innovation so far as it goes, but it would not be a remedy for the evil complained of. It seems to me that the only satisfactory reform should deal with the present mode of calling medical expert testimony. The change in this mode might be either partial or complete.

A partial change might consist in the court appointing some medical witnesses and the defence others. The witnesses, so appointed, should meet and make their examination of the case in the presence of each other. They will thus start from the same ground. This is one advantage of a consultation. Another, and by no means trifling one, is that anything of importance which might be omitted by one can be supplied by the other. Subsequently, they might reason out their conclusions separately, or, still better, together. So much being accomplished, each should furnish a written report of his opinion both to prosecution and defence. These reports will constitute the data of their evidence, and on them they should be sworn and examined as to their opinions. In addition, a commissioner might be associated with the judge for the purpose of assisting him on medical questions. This plan would correct some of the evil, by introducing unity and organization into medical evidence; and unity and organization would give medical evidence a force, a precision, and a certainty such as it cannot lay claim to at present.

A complete change would consist in the court appointing all the medical testimony. Medical experts would then be commissioners selected by the court to examine into the genuineness of the plea of insanity. As a companion to the reform advocated by Governor Alcorn, I am inclined to the opinion that this would be most effectual. A simple majority of such commissioners would be sufficient to decide the mental state of the accused.

Only when some such reform is inaugurated will medical evidence be entitled to rational confidence, and the medical expert be placed in the true position of a candid, unbiased inquisitor, who conducts a line of inquiry in presence of the case, and delivers his opinion of its character without concerning himself with the intrigues of the defence or the sentiments of the public.

EDITORIAL

VALEDICTORY.—Five years ago the OHIO MEDICAL AND SURGICAL REPORTER took form and life. Its continuance has demanded a large amount of care and toil, known only to those who have had experience in medical journalism. To say it has reached our ideal or met the expectation of the profession, we dare not. But we have no doubt the REPORTER has worthily labored to promote medical science, and it has reason to feel a little pride in what it has accomplished. It has commanded the labors of talented contributors; it has received a very fair amount of patronage, and believing its mission not yet accomplished, it will continue to offer its pages to both writers and readers. Our editorial connection ceases with the present number, and we take pleasure in commending the REPORTER and all connected with it, to the generous patronage of the public.

T. P. WILSON.

NOTICE OF NEW BOOKS, &C.

HEWITT ON THE DISEASES OF WOMEN. Lindsay and Blakiston, Publishers, New York. The second edition of this work, now before us, has been made more systematic from a pathological point of view, while the special feature of particular attention to "Diagnosis," has not been in any essential degree sacrificed. In the first chapter is given an exposition of the system of uterine pathology adopted by the author, which he terms the "mechanical" system. While "inflammation of the uterus" has been generally regarded as the starting point of most uterine diseases. The author has taken the ground that these inflammations are due to flexions of the uterus. He states his views concisely in the following propositions:

"*a.* Patients suffering from symptons of uterine inflammation (or, more properly, from symptoms referable to the uterus) are almost universally found to be affected with flexion or alterations in the shape of the uterus, of easily recognized character but varying in degree."

"*b.* The change in the form and shape of the uterus is frequently brought about in consequence of the tissue of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation.

"*c.* The flexion once produced is not only liable to perpetuate itself, so to speak, but continues to act incessantly, as the cause of the chronic inflamation present."

Under Amenorrhœa he says:

"*Suppression of Menstruation.* Menstruation may be abruptly stopped, at any period of its occurrence, by the operation of certain external or internal causes. Suppression of menstruation, as already stated, is a common but not universal sign of pregnancy. Menstruation may be abruptly, or more slowly and gradually suppressed. We have thus two distinct types of cases.

a. Sudden Form.—Here the circumstances indicate the operation of a disturbing element: the menstrual period having arrived, the discharge has continued for some hours, and has then suddenly ceased, there being an apparent connection between the cessation in question and some external or internal disturbing influence known to have been in operation at that particular juncture. Thus the menstrual flow may be suddenly suppressed by the feet getting wet, or by a chill received in any other way; by fright, or by the reception of distressing or exciting news. These are the most common causes of the kind of suppression here alluded to. Sexual intercourse has been known to produce the same result. The first symptom of the presence of one of the exanthematous diseases may be the sudden stoppage of the catamenial discharge.

Another variety of this form of suppression is that in which there is no cessation of the discharge of the marked character just described; the discharge continues the regular number of days, but fails to recur at the expected time. This form of suppression, as also that which may be called "suppression" of the discharge may occur from a variety of causes. The catamenial function is frequently suspended, according to Sir Ranald Martin, in ladies on the voyage from India by the Cape. Dr. Tyler Smith states that these effects of a marine atmosphere extend in some habits to a residence by the sea-side. He mentions an instance in point, in which a lady who went to reside at one of the islands on the western coast of Scotland, together with her sister and their two maids, all became amenorrhoeal. Montgomery notices the effect of mental depression in producing this suspension in the case of young girls confined in prison. I have had occasion more than once to observe that women are liable to have the menstrual discharge suspended for one or two periods after first going to reside in a house the staircases of which are of stone and uncarpeted, their previous residence having had a wooden staircase only.

b. Gradual Suppression.—Under this head may be considered those cases in which the discharge, having diminished in amount for two, three, or more periods, or the interval having become longer and longer, the discharge has finally ceased.

The causes of gradual supervening suppression of the menses may be conveniently classed under three heads—constitutional, organic, and physiological.

Constitutional.—Any circumstance, or chain of circumstances, calculated to interfere with the nutrition of the body generally, and the due performance of the various processes the sum of which constitutes life, may give rise to suppression or cessation of the menstrual secretion. It very frequently happens at the very time when the vital processes are in a state of great activity—when the girl is changing into the woman, and it is more than ever necessary that the body should be duly exercised, well nourished, exposed to the fresh air, and recruited by sufficient rest—these conditions so necessary to due development and healthy growth are wanting. Young women belonging to the lower and middle classes of society, and who are engaged for many hours daily in sedentary occupations of various kinds, needle-women especially, more particularly suffer in this way. The health gradually fails, and after a time menstruation ceases. Then, and not till then, in the majority of cases, advice is sought. Suppression not seldom takes place in a more acute manner in young women so engaged; a slight cause, and one which in a robust individual would be inadequate, being now sufficient to determine it.

When this gradual suppression is observed it behooves us carefully to scrutinize the bodily condition of the patient generally. The suppression is an important symptom, not in itself, but as indicative of some, perhaps deeply-seated, morbid change, the early detection of which may be of the greatest service to the patient, if a right use be made of the knowledge thus acquired. The more common of the general constitutional conditions leading to the suppression now under consideration are: *long-continued anxiety of mind, plethora, chlorosis, anæmia, severe hæmorrhages, or long-continued discharges from the various mucous surfaces, deposition of tubercle in the lungs or other organs.*

Premature termination of the catamenia, which may be considered as a form of amenorrhoea, may be caused by chronic uterine disease, by severe and repeated hæmorrhages, etc., or it may occur without any assignable reason. In the case of a woman more than thirty years of age the amenorrhoea may turn to be permanent, although of course this could not be known at first.

Of the *local causes* of gradual suppression, the following are the chief: *Flexions of the uterus* frequently completely arrest menstruation; the discharge, less and less each year, finally ceases long before the proper time. Numerous instances will be found, in the abstract of anteflexion and retroflexion of the uterus, bearing out this statement. *Disease of the ovaries* is often attended from the first with amenorrhoea, but not by any means always. When one ovary alone is affected, the menstrual function may go on apparently as usual. *Chronic peritonitis*, resulting in the formation of constricting bands over the ovaries—a condition to the frequent occurrences of which Dr. Tilt has, in this country particularly, called attention—may give rise to amenorrhœa of this kind. *Chronic hypertrophy* of the uterus is sometimes associated with amenorrhœa. *Fibrous tumor* of this organ also now and then produces amenorrhœa. Absence of menstrual discharge is sometimes noticed previous to the occurrence *of peri-uterine hæmatocele. Stricture of the cervical canal of the uterus*, occurring after pregnancy, or produced by the repeated application of caustics to the os uteri, is occasionally met with as the cause of this form of amenorrhœa."

Throughout the work the author adheres to his principles and pays particular attention to "diagnosis," which chapters V, VI and VII are devoted especially to the "diagnosis of pregnancy."

In one respect we would suggest an improvement in this work, viz: in the therapeutics which are altogether too "regular."

RECORD OF HOMŒOPATHIC LITERATURE, 1872.—We are indebted to Boericke and Tafel for a copy of this admirable digest of the homœopathic journals. Professor Raue and his co-laborers deserve our thanks for the efficient manner in which they have collected, condensed and arranged the best things of the year.

If any one doubts the value of this publication, let such a one open it at any page he may choose, and if he is not soon convinced of its merits we think he must be very obdurate indeed. For sale by L. H. Witte.

HOMŒOPATHIC PHYSICIAN'S VISITING LIST FOR 1873. —Boeriche and Tafel's new edition of the above, will please all who have been accustomed to the use of such a work. A better one than this can hardly be found, and a trial will prove its perfect adaptation to the wants and exigencies of every day practice. The Repertory alone is worth the money. For sale by L. H. Witte.

THE CIRCULAR OF THE BUREAU OF EDUCATION FOR MARCH, 1872, is received and contains:

1. An inquiry concerning the vital statistics of College Graduates.
2. Distribution of College Students in 1870-71.
3. Facts of vital statistics of the United States, with tables and diagrams.

If any physician wishes to know when he will probably die, let him consult the above circular.

VICK'S ILLUSTRATED FLORAL GUIDE, Rochester, N. Y., 1873.—The January number is beautiful, and contains a mass of information. Published quarterly at 25 cents a year. Send for it. " A thing of beauty is a joy forever."

REPORT ON THE PROGRESS OF OTOLOGY.—Read before the American Otological Society at their annual meeting, July 17, 1872. By Clarence J. Blake, M. D. We would recommend those who have ears, to hear the above read.

JOURNAL OF TRANSACTIONS OF AMERICAN OTOLOGICAL SOCIETY, SESSION OF 1872.—" A hint to the wise is sufficient."

PERSONAL.

Dr. S. E. Hill, has moved from Watertown, New York, to Franklin, Pa.

Dr. S. Mills Fowler, formerly of Adrian, Mich., has taken up his abode at Dubuque, Iowa.

Dr. G. W. Moore, of Tontogany, Ohio, has formed a co-partnership with Dr. O. B. Moss, at Ashtabula, O.

Dr. Isaac Lefever can now be found at Harrisburg, Pennsylvania.

Dr. Carroll Dunham is obliged, on account of serious illness, to desist from labor. He sailed for Europe on the 24th ult., and we earnestly hope the longings of the profession may be realized by his speedy return in re-established health.

Dr. O. B. Bird, of Utica, N. Y., has removed to Menommee, Mich., and formed a co-partnership with Miss Olive A. Chandler, of the latter place.

Dr. C. H. Evans, of Beloit, Mich., has taken a partner in the person of Miss Flora F. Winslow, of Kenosha, Wisconsin.

Dr. J. Pettet, of Cleveland, continues to propagate the cowpox from selected heifers, and we understand that the form he recommends gives good satisfaction to all who have tried it. We believe he guarantees all that he issues, and recommends the points as the most convenient and reliable form for use. Dr. Alling, of Dunkirk, New York, informs us, it is the first cowpox that ever gave him good results. We would recommend every physician to give it a trial during cold weather.

LORD.—DR. FREDERICK A. LORD died in Chicago, September 13th, after a very brief illness. He was Professor of Physiological and Medical Chemistry in the Hahnemann Medical College of Chicago at the time of his decease; and by his peculiar ability, fitness, and affability, was well adapted for this important position.

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CURE FOR THE DIVORCE MANIA.

BY MRS. M. A. CANFIELD.

[An Essay read before the Hahnemann Society of the Cleveland Homœopathic Hospital College, November, 1872.]

The family is the nation's lungs. ~~here.~~ If its two lobes are sound and healthful the nation's blood is pure; if they are weak and diseased its heart and brain are soon paralyzed. Rome grew to be a giant because nourished by so pure a family life and dwindled to a pigmy when it became diseased. The stern virtue of the early Roman family only found its parallel at the hearthstone of the Puritan fathers and the corruption of its later state is likely to be equaled by the generation that walks above the Puritans' graves.

In the last days of the Roman republic the lives of its most illustrious men and proudest women were pages of shame. The family tie was broken upon the slightest pretext. One Antistius Vetus put away his wife because she went to the spectacle without his knowledge; another because she was seen speaking to a freedwoman of the common sort; Cæsar divorced three wives; Pompey repudiated his first wife to please the dictator and his second on account of her profligacy. Even Cicero, whom we have been taught to believe one of the purest [illegible] Romans, divorced a wife innocent of guile in order to marry a rich woman and pay his debts out of her purse. Livy tells us that one hundred and seventy women were condemned for poisoning their husbands and Seneca writes: "No woman is now ashamed of a divorce, for the most illustrious women count the years not by the number of the consuls but of their husbands."

Rome's lungs were rotten; her disease was incurable. Our reaction is coming sooner. Tradition tells us that no divorce occurred at Rome until five hundred years after her foundation. Our reaction is a more excessive one than any nation ever survived. Quoting Dr. Dwight's statistics, Prussia in 1855 divorced two thousand nine hundred and thirty-seven couples; we have outdone her. At the outbreak of the French revolution twenty thousand divorces were granted in a year and a half; our average is still greater. What people ever enacted a code of laws as rigid as the "blue laws" of Connecticut, under which a man was whipped if he kissed his wife on the Sabbath? To-day Connecticut exceeds any living nation in her divorce record. According to statistics drawn from the records of her several counties, four thousand divorces have been granted during the last fifteen years, a number equal to one half of all the families in the state. The ratio of divorces to marriages is double that of Vermont, fourfold that of Massachusetts. In fact there are more divorces in Connecticut on the average by one hundred and eight than in Massachusetts, a state with two and one half times the population. There were in 1866 more than one half as many as in Ohio, which has five times the population; and in Ohio the Western Reserve or New Connecticut has a much larger ratio than the rest of the state. The ratio of divorces to marriages is double that of Prussia and according to the ratio of Connecticut in 1866 there should have been in France twenty-six thousand divorces instead of twenty thousand; or in Connecticut that year two hundred and sixty-six divorces instead of four hundred and eighty-eight.

After unfolding to your view the moral degeneracy of "the land of steady habits" I need not add that the annual number of divorces in Indiana is estimated at two thousand or that there were four hundred divorces granted in the city of Chicago in 1868. The existence of a divorce mania is clearly proved and the ominous signs of the times betoken that it is fast preying on the vitals of society and that if a speedy cure is not found our republic must die. Marriage is now held to be a simple contract to be dissolved at pleasure and the adulterer and the adulteress are allowed to marry as soon as separated from the innocent parties. The lower stratum of society is crying for free divorce in the same breath that it cries for free drink and free Sundays. The public press now openly proclaims the doctrine of freeloveism; complex marriage systems are tolerated in our midst and, last but not least, the number of scrofulous, idiotic and imbecile children in our asylums and hospitals is rapidly increasing.

A ray of light in the darkness is the fact that great Christian men and great bodies of Christians are moving for reform—such men as John Ruskin and President Woolsey; such bodies as the Episcopal convention of Connecticut and the Methodist conference at Chicago. From the east and the west the upper stratum of society is sending up a prayer for more stringent divorce laws.

With all due deference to my superiors, I believe they are putting the lock upon the wrong door; that it would be more politic to guard the front entrance to the temple of marriage than to bolt the back door. In other words, I believe the *rationale* of the divorce mania is the prevalence of ill adapted marriages, of which ignorance is the cause and for which, therefore, knowledge is the cure. The marriage which is "the union of two souls in one" is a beautiful, holy chalice, brimming with glorious possibilities of companionship, of home bliss, child love, of work well done for God and humanity. Anything short of such a union is failure, and such a failure! Only the failure to get into heaven transcends it. It means nectar turned to gall; means bickerings, contention and strife; means cursing the world with a miserable example and a most miserable progeny.

Yet this grand relation, which determines the fate of the individual—and if of the individual the race—does not receive the consideration bestowed upon the commonest affairs of life. Volumes of essays have been written upon the potato. The agricultural bureau scatters abroad the ripe experience of the world upon its culture. Science lends her lamp. One would suppose the culture of human souls almost as important. Yet does the government disseminate knowledge upon the subject? Do men and women of ripe intellect flood the market with literature pertaining to the science of marriage? No, the great doctrines of affinities, of temperamental adaptation, of magnetic attraction are mainly expounded to the world by half crazy women, long-haired spiritualists or short-pursed medical students. We have but one phrenological journal; it, though a power in the land, is far from being what the land might make it. Bringing the matter home, it is a fact that in the city of Cleveland there is not a volume upon temperaments, phrenology or physiognomy in the public library or in any book store within its limits.

Instinct is considered the true guide to matrimonial felicity. It is believed that there is fate in love; that one cannot force his destiny. Instinct never makes mistakes. Who ever saw a mother bird weave her nest so badly that the little ones fell through into the cold world? If instinct is a safe guide there are no failures in the matrimonial business but the facts in the case are that libertines marry virtuous girls, vile women impose themselves upon good men; all this proves that a science of marriage is indispensable to civilization and the rapid degeneration of society calls for a speedy development of this science. There is a law governing marriage which is as much a law of nature as the law of similars. This law obeyed happiness would surely follow; and ignorance of its existence does not prevent the penalty following its violation. I would have the art of reading character taught in every school in the land. I would have every boy and girl able to read God's signs written upon face and brain. I would have every young man's and woman's knowledge of anatomy, phrenology and physiognomy so perfect that their standard of beauty would be the intrinsically good and that which was adapted to harmonize with their own organizations. Then there would be no more cases of falling in love with improper persons than there are now of men falling in love with their sisters; and for the same reason they would not—because they would know that they ought not.

The government, too, should lend a hand. We should have a marriage bureau as well as a weather bureau. Many make shipwreck of life who do not go down to the great deep in ships. Until the rising generation can be educated legislation should prevent any more ill adapted marriages. Instead of the probate judge, I would have a marital board formed of an equal number of men and women, the best brain of the country, especially cultured in the sciences governing marriage, and they should grant license only to those physically and mentally adapted.

Our venerable instructor tells us that a man will marry a woman even if she has a scrofulous tumor as large as a plum pudding. This is not necessarily a fatal calamity, since, according to the same unquestionable authority, a single dose of the proper homeopathic remedy will transform the invalid into a marvel of health and beauty. The fatal calamity is the joining together of two beings temperamentally inadapted. In the name of poor little children who quiver beneath the surgeon's knife, the helpless little children who grin and chatter behind the bars of our asylums, the old little children who walk the street with eyes as sad as those of the man who has looked into too many graves (all the offspring of ill adapted marriages; all fibers of the great heart of humanity, their degeneracy constantly weakening its pulse), in their name and God's I would forbid such bans. The new board shall tie all true love knots existing between souls which complement each other, between which there is a harmonious difference. When this state of affairs is inaugurated our divorce list will be attenuated to the fifty thousandth dilution and humanity will dwell in perfect safety, in true heart homes, with no prayer upon its lips except "Give us this day our daily bread."

MEDICAL METAPHYSICS.

BY A. O. FULLER, M. D.

[CONCLUDED.]

What does nature teach us? As I sit at my window a germ of life comes floating through the air. It is from a common flower, which, like golden stars, thickly strewn o'er grassy fields, makes the vernal green more beautiful by contrast. When its petals wither, the stem stretches upward to elaborate the seed in light and air, where each is furnished with delicate wings to bear it where it may reproduce its kind. Who that sees the delicate, airy globes of the dandelion thinks of the exquisite contrivance evinced in their construction? A hundred seeds in each tiny column reared in air ready for flight; each seed surpasses human art in construction beside possessing the mystic germ of life. In every one of the numberless varieties of plants you shall find like wonders repeated.

A butterfly flits past like some fairy messenger. No words can paint its beauty, the delicate texture of its plumage, the richness of its colors, the ease and grace of its motions, which declare its happiness. It was a loathsome worm but yesterday. Now its life has passed to a contrast as glorious as if human life were transferred to a heaven, the highest ideal of mystic or poet.

A bird flashes by, cleaving the air with its swift wings. Every motion requires the most complicated mechanism and each part —bones, muscles, nerves and feathers—is made with the nicest adjustment of cause to effect. The problem of aerial navigation was solved thousands of years ago and millions of aerial machines have since been constructed upon the most perfect principles of art.

The fish, darting through its element, is far more complicated in structure and more admirably adapted to navigate the waters than the proudest ship which floats.

Look at a horse; what an admirable and splendid structure! What nicety of adaptation of part to part is requisite to enable a quadruped to walk! Could you tell before experience how its limbs should act relatively to each other to support firm and steady motion? But consider its speed and adaptation to use. Could some piece of mechanism descend from the skies with the words "This for thy use, O man," the design could not be more apparent.

Can words describe the beauty of coloring and delicate texture of flowers? Why are they found in profusion, so that fields and forest glow with supernal beauty in the glory of the spring tide? Is it not that Creative Power delights in beauty and in man's happiness?

Why the azure of the sky through whose still depths we look forth into the infinite? Why the robe of green covering earth, the golden hues of morning or the glory of sunset when the splendors of heaven seem reflected from clouds and sky? Whence the provision for man's happiness everywhere apparent—the food to sustain life and gratify taste provided in limitless varieties; the materials to clothe him, wool, cotton, silk, linen, etc., just adapted to his needs; the metals, precisely adapted to different uses; wood of various kinds, all seemingly necessary; coal from the earth for fuel and motive power; oil for light and other uses essential to life? Who combined the subtle elements of air in the exact proportions required by every form of life and made water and other wonderful combinations essentially different from nearly the same elements?

Is there any chance in the definite proportions in which elements form chemical unions? And if no design is here, whence the wonderful adaptations of these combinations to use? Who established the exact mathematical relations of musical sounds and made the viewless air a reservoir of infinite harmonies, awaiting the touch of skill to tremble and thrill into life, the highest and most perfect language of the emotions?

The evils of human life are not necessities but arise from ignorance and disobedience to law. If man could be released from the woes inflicted by disease, what a change would be effected! And what physician does not know that disease and suffering, from birth to death, are the penalty of violated law?

Health is man's normal state and with it every function of life and every relation to external objects is a source of pleasure. That man's choice rather than the order of nature is the cause of evil no greater evidence is needed than the fact that the evils of disease have been increased tenfold by the use of poisons to cure. Of these not the least is alcohol, the use of which, indorsed by pseudo-medical science, causes so large a part of the crimes and misery of the world. Free man from slavery to the morbid appetites for alcohol, tobacco and other poisons and give him only the simple requirements of nature—nutritious food and water—and much of evil would disappear. Think of what could be effected for human happiness with the wealth that is more than wasted upon enervating luxuries. To fashion are sacrificed fabulous sums as well as health and life itself.

All the treasures of earth are means of happiness for all mankind and their possession by a few whose skill or strength gives them control causes untold poverty, crime and misery. Ample provision is made for the supply of all real wants of all creatures and all have power if wisely directed to secure what is needed. The exaction of governments to support idle and profligate aristocracies and of false religions to sustain the tyranny of idle priests are surely not in the order of nature, neither is poverty of any kind. When men learn that their true happiness consists in the exercise of love, that forgiveness is nobler than revenge, that to return good for evil is the true method to overcome it, that true ambition is not that which seeks favor or power but the highest attainments in virtue, then will war and its inconceivable horrors cease; then shall man be delivered from the power of malignant, destructive and painful passions and the incalculable wealth consumed in inflicting suffering and death will be used to promote man's highest welfare. Earth could be made a garden of Eden were the energies of man which are used in war bestowed in its culture.

We can not doubt that the whole constitution of nature evinces the most exquisite design, proving its origin from infinite wisdom and power, and that these designs tend to ultimate in happiness, proving their origin in infinite benevolence.

In inorganic matters, in vegetable life, in every form of animal life in sea, earth or air, from the monad in a drop of water to man himself, through every grade of being design is apparent; in the mystery of reproduction, in wonderful organizations, in the endowment of life itself, in the provisions for its continuance, in its adaptation to external conditions and in the happiness which in every instance is its attendant.

Think as we may of the method of creating organic forms—whether a day or millions of years were requisite for the development of life and man's birth into his present state; whether man was made directly from crude elements or by successive stages of minor creations—back of all elemental affinities, prior to all inherent properties of matter is intelligent power, ever active; and if it be acting through interminable ages, this best proves its eternity.

If we do not perceive the order of the universe, it is from our limited vision. A part of any extended plan or process, however perfect as a whole, may appear wrong. If seeming discords pain our ears it is because we hear but a few imperfect sounds from the grand symphony that ascends unceasingly from all the universe.

Ignorance is the bane of human life. Who would violate divine law knowing its penalties? But if we were endowed with all knowledge we must miss the delight of acquisition which may now be ours forever. The sublime phenomena of the heavens, the existence of numberless worlds all evidently governed by one power prove His being and give assurance that there are other abodes where man may hope to be transferred from this state, the infancy of his existence.

Let us not fail then to assure a patient sufferer that death is no change to be feared but that the infinite love which has so munificently provided for our happiness here, which extends to the atom as to the world, is unchanging and will be the same to us after death. We shall then help to secure a quiet and repose of soul most conducive to recovery of health and perfection of life.

> Soon shall we know, what now we faintly trust
> And in the madness of our grief deny,
> That, though our dearest treasures turn to dust,
> Infinite goodness rules the worlds on high.

CONCERNING WOMEN AS PHYSICIANS.

BY MRS. JULIA FORD.

Does the world need women in the field of medicine? This I think is the important question and should be stamped with divine emphasis. And yet amid the active discussions and the eloquent dissertations and learned essays that are being given to the public, ingenious and very able arguments are adduced to prove woman's adaptability to the medical profession. Much tact is displayed to prove she has natural qualities which eminently fit her for the practice of medicine though but little inquiry is made as to the need of women physicians. As to the fitness of women for the practice of medicine the subject has become stale, the arguments old and familiar. Who so blind as not to see that the delicate perceptions, the natural intuitions, the warm sympathies are woman's own natural qualifications for not only nurse but to skillfully diagnose and treat disease?

One thing is patent to any one closely observant—ignorance and sin and misery abound; men and women all over this broad land are miserable because they are transgressors and transgressors because they are ignorant. Another thing is equally clear—that those who "doctor" the most or take the most medicine are not the best informed in regard to the laws of health and life. Who that is acquainted with the habits of our American women's mode of dress and habits of life can wonder at the unusual prevalence of dyspepsia, so common as to oblige us, as Dr. Raue says, to conjugate the word in the present tense: "I am dyspeptic, thou art dyspeptic, he, she or it is dyspeptic, we are dyspeptic, you are dyspeptic, they are dyspeptic!" Or who that has a knowledge of the practices resorted to to avoid a family need be at a loss to account for the uterine diseases which are blighting the womanhood of America? Now these things exist; by whose fault we do not presume to say but where is the remedy? is the question. And if women can come nearer the lives of their sisters (which I believe is true) they can discern as few men can the wants of the age in regard to the condition and need of women. And is she not infinitely better adapted to understand and administer to the countless ailments of children? Who that is informed in regard to the army of infants that are yearly swept into the grave by cholera infantum, diarrhea, Mrs. Winslow's syrup and sundry cordials shall say that all has been done that can be to stay this tide of mortality?

I know there is a great deal of fine spun nonsense extant in regard to woman's intuitions and instincts and much sentimental foolishness about the "knowledge implanted by nature in the heart of woman." It is absurd to suppose that woman any more than man can accomplish anything great without careful preparation and adequate stimulus. The time has been when eminent practitioners and learned professors declared it highly improper for young women to study physiology—now physiology is rightly made a prominent study in all schools. The time was when a woman feeling that she had an inherent right to choose a vocation (like Elizabeth Blackwell) was made to feel bitterly indeed that choice involved odium and ostracism. The time was when, Cleveland excepted, all the homœopathic medical colleges closed their doors to women and now even Philadelphia and Cincinnati still selfishly and wickedly exclude women. It is, it must be but a question of time, for to that Nemesis of public opinion which Chicago and St. Louis did well to heed Philadelphia and Cincinnati must surely bow.

Not until a recent visit to the former, that beautiful but conservative city, did I fully accord the meed of praise due to the noble women who have been battling prejudice and have gained a foothold and now at last an honorable position in that metropolis of medical conservatism. And the living examples of such women as Mrs. Sartain in Philadelphia, Miss Blackwell in New York, Mrs. Cook in Buffalo and many others are a withering rebuke to their selfish and narrow exclusiveness.

"Do you believe woman will as a general thing succeed in the medical profession?" said a physician to me some months since. "Yes, if in addition to scientific attainments and habits of careful analysis and thorough culture she 'be called of God to the work' I believe she will succeed," was my answer; nor do I believe any man or woman will succeed when we invest that word with its highest and truest meaning unless called of God or, in other words, is naturally qualified to the work or ministry.

My convictions are that there is an imperative demand for women in the medical field—not to lecture, not to theorize, not to talk. Oh no! The world knows that she can talk, and well, but is utterly faithless in regard to her ability to settle down to the actual practice of medicine. One woman who does this does more for the cause and more for the world than all the talkers and lecturers even as all the rules and precepts of prophets of old availed less to help us to the conception of a true life than the loving example of one Christ.

ALOES IN DIARRHEA AND DYSENTERY.

BY G. J. JONES, M. D.

[Lecturer on Anatomy at the Cleveland Homœopathic Hospital College.]

After reading the remarks of Dr. Carroll Dunham of New York (in Vol. V of the transactions of the New York state society) on aloes, I was led to try the remedy in cases of diarrhea and dysentery with the characteristic symptoms of this remedy which he so clearly brings out. I had previously considerable trouble in treating similar cases. He says (on pages 75 and 76 of the book above referred to) "From symptoms 512 to 860 we gather that aloes produces a diarrhea consisting of light colored, semi-liquid fæces, preceded and accompanied by much gurgling and flatus in the abdomen; that the diarrhea occurs especially in the morning, say from 2 a. m. to 10 a. m.; that the desire for stool is so sudden and extremely urgent, being felt in the hypogastrium and in the rectum, and being so urgent that the patient can scarcely retain the fæces long enough to effect the necessary strategic change of base; that during this brief interval he fears to evacuate wind by the anus or to make any physical exertion or even to strain to pass urine, lest he should have an involuntary evacuation of the bowels. * * *

There is also a similar frequency or urgency of the desire to pass urine, with a similar uncertainty in the tenure of that excretion, as we perceive from the following symptoms: frequent desire to urinate (990); increased desire—quantity not increased (992); so urgent a desire he can hardly retain the urine (993); on rising he was obliged to run quickly to urinate (966).

And the similarity of the affection of the urinary organs and the intestines is shown in symptom 1,001: At stool, urination; when urinating, stool.

The first case in the treatment of which I used aloes, after reading the above, I was called to visit in the fall of 1868.

The patient was a German woman, aged seventy-two, who had always worked hard, in doors and out, and never before had been treated by a physician, although she had been married nearly fifty years and had brought up a large family of children.

Some two weeks previous to my first visit, her husband had called at my office stating that his woman had a pain in her abdomen and wanted something to stop it. As he could talk but little English, this was about all I could find out; so I sent her nux vomica (3) and dioscorea (2), with directions that if no relief followed the administration of the nux vomica, dioscorea was to be given. On the 29th of October her daughter came to my office saying her mother was no better; that she only took my medicine two days because she thought it made her worse. I sent her two doses of nux vomica (200) with directions to have them send for me the next day if she did not improve.

The next day they sent for me and I found her with the following symptoms: Pulse over 100 and rather full, skin hot and dry, tongue covered with a heavy white coating and quite dry, lips dry and sore, very thirsty, with desire for something cold and sour. She had always been in the habit of drinking cider—and I would here remark that most of the patients for whom I prescribed aloes successfully were cider drinkers, and in all cases there was a desire for something sour.

The drinking of anything cold aggravated her intestinal disease, causing more frequent passages and more pain. Her stools were quite frequent, especially from 4 a. m. to 10 a. m., and consisted of stringy mucus of a yellow color, accompanied with water of the same color and occasionally a little foul matter. The desire for stool came on so suddenly that she could hardly get off the bed before some of this yellow matter would escape. If she attempted to pass urine her bowels would surely move and the desire to urinate came on just as suddenly as the desire to stool. Her stools were accompanied with much flatulence and were preceded by considerable pain in the hypogastrium and sacrum, which was relieved by the stool. There was also great faintness during and after stool. All her symptoms were worse in the forenoon.

She was exceedingly irritable and angry because she was sick, which was something contrary to any law of nature that she was cognizant of. I prescribed aloes (20th trituration), as that was the only preparation of the remedy I had with me, ten grains in two thirds of a tumbler of water, two teaspoonfuls to be taken every two hours.

Two days afterward I visited her and found her diarrhea was about the same, if anything, worse. She was very much prostrated and there was no diminution of the fever. An intense headache came on after taking the first dose of the medicine. It was a tearing, pressing headache, worse in the fore part of the day and confined to the left side of the head, especially the temple. It was somewhat relieved by tying a handkerchief tightly about the head, especially the temple. Looking upon this as but the effect of the remedy, I prescribed my highest attenuation (the 12th), two doses daily.

On the 4th of November, three days afterward, I found her very much better in every respect. Her headache left her entirely soon after taking the first dose of the 12th, and never returned. Excepting one dose of sulphur (200) she received nothing more but aloes—perhaps twelve doses in all of the 12th attenuation.

All through the treatment of this case the nursing was poor; her diet was of the coarsest kind when she ate anything; her chamber was sometimes half a day without being emptied; besides she lay in a room that was quite cold and would get up on the bare floor whenever she took a notion to.

The next case was that of a boy of about ten years who had been troubled with diabetes for several months. The father had seen quite a number of physicians who gave that as their diagnosis. I found him considerably emaciated, with fair appetite. He would pass a good-sized chamberful of urine every night and as much in the day time. It was very clear and frothy. The desire to urinate came on very suddenly and unless they took him up immediately when he called he would wet the bed. His bowels were pretty regular but when they did move the desire came on very suddenly. I examined his urine carefully a number of times but could not find a trace of sugar. He was crazy for something sour to drink and wanted to drink something all the time. For about a month I prescribed various remedies, as santonine, apis, pulsatilla, etc., with some little benefit but there was no change in regard to the urinary symptoms.

After studying the case up carefully, I prescribed aloes (12). There was a gradual improvement from that time on and in about two months I discharged him cured and he has remained well since, now over two years.

Mrs. D., aged about forty, of a bilious temperament, tall and muscular and much used to out door exercise, was taken on August 7th with cholera morbus. She had previously during her life time had two or three attacks of the same disease. I visited her some ten or twelve hours after she was taken. She was suffering from extreme pain in the epigastrium with throbbing and palpitation of the heart, frequent rice water evacuations coming on suddenly and accompanied by the discharge of flatus and rumbling. She was weak and very faint, especially after stool. Her lips were dry as well as her mouth and she craved something cold and sour to drink but the drinking of anything of that kind made her worse. Her extremities were cold and her pulse was over one hundred and weak.

I prescribed nux vomica (30), a dose every hour and a half. On the morning of the 8th I was sent for early and found her no better. The evacuations were no more frequent but she had more of this throbbing, deathly feeling in the epigastrium and she would almost faint after or during stool. Her thirst was increased and she would plead and pray for something cold to drink. [Cold water had been given her by teaspoonfuls.] I then gave her aloes (30), a dose every two hours. I found her that evening much improved and in three or four days I dismissed her cured. She took no other remedy.

In the case of a woman thirty-five years of age, of a nervous temperament, who suffered from prolapsus uteri and who had a diarrhea, which was almost involuntary, of long standing, the passages consisting of particles of undigested food mixed with light colored, semi-liquid fæces, severe in the fore part of the day and who also had the same difficulty of retaining urine, not being able during the forenoon to urinate without her bowels moving; two doses of aloes a day and finally one a day for two weeks cured her diarrhea and relieved many of her other symptoms.

I would give as leading indications for aloes: aggravation in the forenoon and by acids and alcoholic drinks, sudden desire for stool, also sudden desire to urinate, both coming on simultaneously, fainting during or after stool, palpitation of the heart, with throbbing in the epigastrium, dryness of the mouth, cracked lips and great thirst for cold and sour drinks.

In the diarrhea of teething children I have found much benefit to result from the administration of this remedy when the characteristic symptoms were present.

I close this article hoping others may test this valuable remedy and let the profession know the result.

SUB-ACUTE PNEUMONIA.

(ARNICA MONTANA.)

BY C. H. VON TAGEN,

Professor of Opthalmology, and Otology, Cleveland Homœopathic Hospital College.

The following case came into my hands while practising medicine in Canada West in the early fall of 1860. A German thirty-seven years of age, a brewer by occupation, had been in the habit of visiting the beer vaults under ground while in a state of profuse perspiration and drinking the cold beer in large quantities. Several times daily he would thus expose himself and on all such occasions would drink from two to three pints of beer. In consequence he took a very heavy cold accompanied with severe laryngeal cough. This lasted for some weeks when I was called (about the middle of August) and found him confined to his bed with the following symptoms: *constant cough day and night with titilation in the larynx and trachea*, rawness and scraping all along the trachea, thence along each of the bronchi to either side; expectoration of an offensive, green purulent material at times streaked with blood. Every few moments and while coughing the patient would belch up *volumes of gas so offensive in character* that one could scarcely remain in the room even with doors and windows all thrown open—this was the case day and night. Patient became very much emaciated and prostrated—to an extreme degree—and at night, or rather toward morning, had profuse, cold, clammy sweats. Three to four times daily patient had *offensive papescent stools, at times involuntary*, accompanied with same odor as that which was thrown off with the cough. As near as I can remember the odor was that of the foulest sulphureted hydrogen that could possibly be imagined. Great soreness of the muscles of the chest and abdomen from the *incessant* coughing. The only rest or sleep which the patient could obtain was when he became exhausted from coughing, then he slept an hour or two in spite of and while the cough still kept up. *Urine was very dark brown, small in quantity, heavily loaded with a brickdust red sediment* and throwing off a very strong offensive smell similar to that already alluded to. Pulse varied from one hundred and fifteen to one hundred and twenty-five; respirations twenty-five to thirty per minute. Tongue coated a pale yellow and very heavily furred. *Repugnance to food generally but longing for something sour.* Breath was extremely fetid and secretions of the mouth pasty and slimy. Patient stated that the expectoration tasted very bitter to him. Skin was dry and harsh except when sweating, then it was cold and clammy. *End of the nose and hands and feet usually cold.* Every afternoon at 4 p. m. a hectic flush of both cheeks, particularly of left one, was present, accompanied with fever and much thirst. Under this state of affairs together with the previous intemperate habits of the man I felt constrained when solicited to give a very unfavorable prognosis. Some two or three weeks were consumed in trying several remedies, such as arsenicum album, phosphorus, bryonia alba, aconite etc., and no improvement. I finally selected arnica montana. Gave the 3d decimal in repeated doses every three hours and from that day the patient began to improve and each returning day brought with it a change in all his previous bad symptoms. The remedy was continued for ten days, lengthening the intervals between doses as he progressed toward recovery. At the expiration of the sixth week from the time arnica was given patient was able to resume his occupation to all intents and purposes a well man and remained so until the winter of 1861, when I left Canada and have heard nothing further of the case.

PROLONGED EXPIRATION.

Its Physical Cause and its Relation to the Pretubercular Stage of Consumption.

BY SAMUEL G. AMOR, M. D.

[Read before the Kings County Medical Society, Brooklyn, N. Y.]

In the study of physical science we constantly encounter facts of observation and have only hypotheses to explain them. Now, it may be that in attempting an explanation of a frequently observed clinical fact I shall be charged with indulging in mere speculation; not, I hope, as to the fact itself—for I cannot doubt that in a certain proportion of cases (and that more than has been generally supposed) prolonged expiratory murmur is an early and prominent feature in the forming stage of phthisis. And I am equally certain that the sign may be recognized, both in tracheal and vesicular respiration, independently of any very marked variation in intensity, quality or pitch. This general statement brings the subject matter of discussion at once before the mind.

It will be remembered that prolonged vesicular breathing, in the absence of vesicular emphysema, has been generally interpreted as indicating the presence of tubercle and that it does so in many instances cannot be doubted. To Dr. James Jackson, jr., of Boston, is due the honor of having first attracted the attention of the profession to this subject. He published a communication in 1833 on the subject of a prolonged expiratory sound as frequently constituting an important physical sign of the first stage of phthisis; and now, so far as I know, the sign is recognized, with varied degrees of value attached to it, in all the standard text books of Europe and America.

"The expiratory murmur," says Skoda, "is constantly increased in duration from the normal standard of two to eight or upward.

Niemeyer speaks of different degrees of value attached to the sound and adds "When prolonged and altered in *quality* it is very significant."

Flint says: "The earliest and most obvious of the auscultatory evidences of tubercle, in a certain proportion of cases, undoubtedly, are incident to expiration."

And this observation is fully confirmed by Dr. Theophilus Thompson, in his "Clinical Lectures on Pulmonary Consumption." From the analysis of a large number of cases, he was led to conclude that a "prolonged expiratory murmur frequently takes precedence of other characteristic signs."

Loomis also recognizes its value but makes this qualification:

"Prolonged expiration if unattended with alterations of quality is insignificant; or if it is low pitched it furnishes no evidence of tubercle."

But while there is general agreement as to the value of the sign with certain qualifications there is a diversity of opinion as to the immediate physical cause.

The most generally accepted theory is that the vesicular structure of the lung is so substituted by tubercular deposit that it becomes a better conductor of expiratory sounds, which in normal states of the vesicular murmur are soon lost after commencement of the expiratory act. The normal vesicular murmur is simply converted into bronchial respiration, which is frequently as long as or longer than inspiration.

Skoda, however, suggests the theory of "some obstruction to the egress of the air from the lungs" and he expresses his belief that "the impediment is in most cases caused by a swelling of the lining membrane of the bronchial tubes." Exceptionally, he explains it by what he calls "a law of consonance;" and this is manifested only in cases of consolidation of lung tissue.

These are, I believe, the general outline views held by auscultators as to the immediate physical cause of prolonged expiration when heard in connection with suspected tubercle. The normal vesicular expiration, which is low in pitch and averaging (according to Fournet) about one fifth the duration of inspiration, is, by virtue of consolidated lung structure, converted into bronchial expiration which is relatively more prolonged, more intense and of higher pitch than the vesicular.

According to this generally received view, prolonged expiration is heard only in connection with tubercular deposit; and, while the theories of "conduction" and "consonance" may be rational and philosophical when such deposit is present, they are nevertheless unsatisfactory, as a general statement, from the fact that the abnormal murmur is often present when tubercular infiltration is extremely limited; nay, more, it is frequently observed when no tubercles can be detected and when no sibilant or sonorous *rales* indicate swelling of the bronchial mucous membrane.

In such cases what is the value of the sign? and what does its presence indicate? These questions constitute the text of my paper and to their answer I shall briefly direct attention.

In the first place, I may be permitted to state that I am quite sure there are two errors copied into the majority of our text books on physical diagnosis in reference to prolonged expiratory murmur: the first is in attaching too much value to it as indicating the actual presence of tubercle; the second is in ascribing without exceptional qualification the immediate physical cause of the sound to the presence of tubercle.

In rejecting, as a general unqualified statement, both the "tubercular" and the "bronchial congestion" hypotheses, I offer as a substitute the more rational one, in my judgment, of the want of pulmonary elasticity. This is certainly more in harmony with anatomical facts, with the physiology of the respiratory act and with the clinical history of many cases in which prolonged expiration is observed.

It will be remembered, in connection with this explanation, that the substance of the lung is highly elastic; no other portion of the body is so largely composed of elastic fibers.

"The subserous areolar tissue," says Gray, "contains a large portion of elastic fibers. . . . Between the vessels and in the interstices between the lobules there is a quantity of yellow elastic tissue which gives firmness and resiliency to the pulmonary structure."

The walls of the terminal bronchial tubes, the air cells and the intercellular passages are formed by a peculiar interlacing of longitudinal elastic bundles with fibrous tissue within which is placed a continuous series of circular muscular fibers; so that the entire parenchyma of the lung may be said to be a mass of elastic and contractile tissue.

Now, in the condition of normal elasticity of the air cells and intercellular passages inspiration is relatively longer than expiration; for the reason, perhaps, that the air when it enters the smaller bronchial tubes and air cells meets with resistance from their contractility, whereas in atonic states of this elastic property inspiration and expiration become more nearly alike in duration: in other words, the vesicular approaches more nearly to the bronchial expiration. And in proportion as they become more alike in duration they are also, of course, more or less mixed in quality.

In accounting, therefore, for the physiological disturbance between these two acts—the faintly heard vesicular murmur gradually approaching the bronchial and finally becoming more prolonged than inspiration—we naturally inquire into the forces and functions of ordinary respiration. What are these forces? And how are they disturbed?

The limit of my paper will only allow me to inquire into the one point before us, namely: the cause of prolonged expiration.

Physiologists are, I believe, agreed upon the fact that the movement of ordinary expiration is entirely a passive one. The causes of expulsion of air from the lungs embrace mainly: (1) The restoration of the chest to its former dimensions; and (2) The elastic recoil of the tissues composing the parenchyma of the lungs. Of these the most important factor is undoubtedly the latter. "The pulmonary tissue," says Dalton, "is abundantly supplied with yellow elastic fibers which retract by virtue of their elasticity in every part of the lungs after they have been forcibly distended and compressing the pulmonary vesicles drive out a portion of the air which they contain."

It will be thus seen from this physiological statement that the perfection and rapidity of the expiratory murmur depend largely on the elastic properties of the lungs themselves and to defect of this property must be due, in a great degree at least, the inverted ratio between normal inspiration and expiration.

But notwithstanding these accepted physiological facts and the logical inferences that would seem to naturally flow from them, the statement continues to be copied into most of the text books that "the most common cause of prolonged expiration is tubercular deposit in the lungs."

Now I do not propose to unqualifiedly controvert this statement. There is too great weight of authority against me to justify such a position. Moreover I doubt not that a prolonged expiratory murmur is frequently—if not "most commonly"—associated with tubercular deposit and not only associated with but doubtless caused by it. But that it is not peculiar to pulmonary consumption alone is a fact that may be easily verified at the bedside. Indeed the most marked and typical illustration of excessively prolonged expiration is to be met with in vesicular emphysema—a condition in which the air cells from over distension have lost their elastic and therefore physiological property of driving out the air with which they have been forcibly distended in inspiration.

In normal conditions of lung structure the power of the elastic and muscular fibers is so proportionate to the amount of air to be expelled that expiration is of short duration, i. e: as compared with inspiration, and when prolonged from general depressed conditions of the system affecting the contractile power of the muscular and elastic fibers the pitch is low because the lung tissue is normal.

It will be thus seen that two distinct conditions may give rise to prolonged expiration: the one a general condition of atony in which the elastic and muscular fibers participate, the other consolidation from tubercular deposit. These two conditions are represented by but one sign in common, viz: prolonged expiration. And the cause of the sign in the one case and the other differs as widely as the conditions themselves. In the constitutional condition already referred to, the amount of air in the vesicles being the same while the elastic and contractile power of expulsion is impaired, it follows that the duration of the expulsion must be increased—that is provided the orifices through which the air is expelled remain unchanged; in the case of tubercular deposit, the expiratory murmur being caused by the passage of air through the rima-glottis, it is better conducted by a more or less solidified lung and becomes of course more tubular in quality and higher in pitch. Pitch, quality and intensity therefore determine at once the physical cause of duration.

Let me be distinctly understood, however, as not intending to embrace in the present paper the tubercular theory of prolonged expiration. It is rather my purpose to attract the attention of clinical observers to the general law of prolonged expiration and to affirm that the sign may be distinctly recognized in a class of cases not at all tuberculous. In the cases to which I refer the respiratory murmur is as a rule diminished or feeble in intensity and the prolonged expiration is heard with more or less distinctness over the entire chest, presenting a contrast in this respect with the circumscribed sounds heard in cases of tubercular deposit. Allowance will be made of course for the normal and relative distinctions between tracheal, bronchial and vesicular respiration. These being carefully noted the most delicate test of the duration of respiration is often over the larynx or trachea, and it is interesting to note in this connection the relatively low pitch of expiration caused by feeble elastic recoil of the lungs and expiratory muscles. The higher pitch is evidently partly due at least to the greater force of the act and partly to the greater contraction of the glottis by the approximation of the vocal cords which take place with expiration. And this approximation is of course greater in proportion to the elastic recoil of expiration. Hence again the necessity of carefully applying the tests of intensity and pitch to suspected prolongation of sound.

This disturbed relation between inspiration and expiration when it takes place independently of tubercular, bronchial or emphysematous complications has its origin in an error of nutrition. And this error may be general or local. If general the contractile power of the muscular and elastic fibers participates in the universal failure of nutrition; the prolonged expiratory murmur is simply one of the manifestations of weak vital power just as an atonic muscle, a certain quality of an elastic artery or the non-contractile state of a feeble capillary is an indication of constitutional debility. Thus I have frequently observed a morbidly prolonged expiration in general anæmia in cases of exhaustive discharges of long standing in advanced stages of typhoid fever, Bright's disease of the kidneys and other constitutional states characterized by general prostration of the vital powers. In all such cases vital contractility (including the natural resiliency of lung tissues) is everywhere disturbed by the general failure of nutrition, and this may exist, I repeat, without reference to tubercle.

Practically considered, therefore, a prolonged expiration is frequently characteristic of the pretubercular stage of consumption, a stage in which ausculation and percussion gives us no clue to the disease other than the sign referred to. In such early stage of the disease we simply affirm from a morbidly prolonged expiratory murmur that the patient has "weak lungs" and this we do on a principle as easily understood as that of weak digestion or weak circulation.

Nevertheless; clinically considered, as already stated, morbidly prolonged expiration may be often detected in constitutions not at all tuberculous; so far at least as we are able to discover. In rare instances indeed it is normally present, particularly on the right side. Hence unless other evidences accompany it it furnishes no reliable test of the actual presence of tubercle.

As indicating a tendency however to tubercular deposit the sign is extremely valuable in its groupings with the rational symptoms generally present. If, for instance, with a prolonged expiratory murmur the patient has the peculiar build of body indicative of the want of proper nutrition and development and if to these be added lax fiber, waste of muscles of inspiration, gradually progressive emaciation without any known cause, want of fatty matter in the subcutaneous connective tissue, general pallor and perhaps morning and evening fluctuations of temperature we have every reason to suspect what the older authors described as the "consumptive habit of body" and to fear the speedy development of other signs indicating absolute presence of tubercule.

The importance of grouping together such general signs and symptoms as indicate in their correlations a tuberculous tendency of constitution, before there is consolidation of lung of sufficient magnitude to be recognized by ordinary physical signs, can scarcely be over estimated. The refinements of physical diagnosis are often indulged in at a time when there is no hope for the patient.

I have spoken of a general lesion of nutrition. If the error, however, be more decidedly local—whether from local anæmia, loss of power from the effused products of inflammation, fatty degeneration of the air cells or stiffening of their walls from the infiltrated deposit of tuberculous matter—we are apt to have with prolonged expiratory murmur a great variety of local and circumscribed sounds corresponding with the location and extent of the tuberculous deposit. Thus it is often found associated with the extremes of feeble and rude respiration, bronchial and cavernous. It may exist in connection with high or low pitch, moist or dry *rales*, sonorous or sibilant. But in all instances intensity and pitch will determine whether the prolonged expiration indicates solidity of lung or mere retardation of reflux of air from loss of power of its muscular and elastic fibers and the predominant bronchial or vesicular character of the sound, as the case may be, will also throw light on the nature of the cause. Moreover if tubercules be actually present the diagnosis rarely hinges exclusively on prolonged expiration.

The study of these more local signs, however, does not come within the scope of the present paper. It has been my aim to present in the briefest possible space the simple statement that prolonged expiration may be caused by defective tonicity of the muscular and elastic fibers of lung tissue irrespective of vesicular emphysema, tubercular deposit or bronchial congestion; that this results from atonic conditions of the general system and when taken in connection with certain rational symptoms is a most significant sign of the pretubercular stage of consumption.

The views here expressed as to clinical facts have been formed from personal observation which may or may not accord with the opinion of others; the cause of the facts, I desire to repeat, is only an opinion earnestly entertained and believed to be in harmony with the facts and with the physiology of the respiratory act.—*New York Medical Journal.*

VOLUMETRIC ANALYSIS.

Its Application to the Quantitative Determination of the More Frequently Occurring Constituents of the Urine.

[From Sutton's Volumetric Analysis.]

The complete and accurate determination of the normal and abnormal constituents of the urine presents more than ordinary difficulty to even experienced chemists and is a hopeless task in the hands of any other than such. Fortunately, however, the most important matters (such as urea, uric acid, phosphates, sulphates and chlorides) can all be determined volumetrically with accuracy by ordinary operators or by medical men who cannot devote much time to practical chemistry. The researches of Liebig, Neubauer, Bence Jones, Vogel, Beal, Hassall and others during the last few years have resulted in a truer knowledge of this important secretion and to the two first mentioned chemists we are mainly indebted for the simplest and most reliable methods of estimating its constituents. With the relation which these constituents bear to health or disease the present treatise has nothing to do, its aim being simply to point out the readiest and most reliable method of determining them quantitatively.

One thing, however, is necessary as a preliminary to the examination of urine, and which has not generally been sufficiently considered; that is to say, the relation between the quantity of secretion passed in a given time and the amount of solid matters found in it by analysis. In a medical point of view it is a mere waste of time, generally speaking, to estimate the constituents in a half a pint or so of urine, passed at any particular hour of the day or night, without ascertaining the relation which that quantity with its constituents bears to the whole quantity passed during, say, twenty-four hours; and this is the more necessary as the amount of fluid secreted varies very considerably in healthy persons. The analyst should register the color, peculiarity of smell (if any), consistence, presence or absence of a deposit (if the former, it should be collected by filtration for separate analysis) and, lastly, its reaction with litmus should be observed.

SPECIFIC GRAVITY.

Best done by weighing, but may be ascertained with a good urinometer.

ESTIMATION OF CHLORIDES.

Calculated as NaCl, after Liebig, by mercuric nitrate.

Analysis.—40 c. c.* of the clear urine is mixed with 20 c. c. of baryta solution and the thick mixture poured upon a small dry filter. When sufficient clear liquid has passed through 15 c. c. (=10 c. c. urine) is taken with a pipette and just neutralized, if necessary, with a drop or two of nitric acid. If not alkaline the probability is that sufficient baryta solution† has not been added to precipitate all the phosphoric and sulphuric acids. This may be known by adding a drop or so of the baryta solution to the filtrate. If any precipitate is produced it will be necessary to mix off a fresh quantity of urine with three fourths of an equal quantity of baryta solution, in which case 17½ or 20 c. c. must be taken to represent 10 c. c. of the urine. The excess of the baryta in either case must be cautiously neutralized with nitric acid. The vessel containing the fluid is then brought under a Mohr's burette containing the mercurial solution and small portions divided in with stirring until a distinct, permanent precipitate is produced. It may happen that a turbidity is produced from the very first drop or two, owing to slight impurities in the mercurial solution; but as this will not increase, the point where the urea precipitate appears is not difficult to determine. The volume of solution used is then read off and calculated for 1,000 parts of urine.

Example.—15 c. c. of the liquid prepared with a sample of urine as indicated above (=10 c. c. urine) required 6.2 c. c. mercurial solution. The quantity of salt present was therefore .062 gramme, or 6.2 grammes in 1,000.

ESTIMATION OF UREA (LIEBIG).

Two volumes of the urine are mixed with one of baryta solution, as before described (reserving the precipitate for the determination of phosphoric acid, if necessary), and 15 c. c. (=10 c. c. urine) taken in a small beaker for titration. It is brought under the burette containing the mercurial solution (without neutralizing the excess of baryta as in the case of the chlorides) and the solution is added in small quantities so long as a distinct precipitate is seen to form. A plate of glass is laid over a sheet of black paper previously sprinkled with a few drops of solution of sodic carbonate, and a drop of the mixture must be brought from time to time, by means of a small glass rod, in contact with the soda. So long as the color remains white, free urea is present in the mixture. When the yellow color is distinctly apparent, the addition of mercury is discontinued and the quantity used is calculated for the amount of urea. It is always desirable to repeat the analysis, taking the first titration as a guide for the more accurate estimation of the second.

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*Cubic centimetres. †The preparation of the solutions will be given in the next number.

Example.—15 c. c. deprived of phosphates (=10 c. c. of the original urine) was titrated as described, and required 17.6 c. c. mercurial solution. Consequently there was .176 gramme of urea present in the 10 c. c., or 17.6 grammes in 1,000 of urine.

Corrections and modifications.—In certain cases the results obtained by the above method are not strictly correct, owing to the variable state of the dilution of the liquids. The errors are, however, generally so slight as not to need correction, but may be made when thought desirable.

(*a*) The urine contains more than 2 per cent. of urea; i. e, more than 20 grammes per 1,000. This quantity of urea would require 20 c. c. of mercurial solution for 10 c. c. of urine. All that is necessary to be done when the first titration has shown that over 2 per cent. is present is to add half as much water to the urine in the second titration as has been needed of the mercurial solution above 20 c. c. Suppose that 28 c. c. has been used at first. The excess is 8 c. c. Therefore 4 c. c. of water is added to the fluid before the second is made.

(*b*) The urine contains less than 2 per cent. of urea. In this case for every 4 c. c. of mercurial solution less than 20 c. c. 0.1 c. c. must be deducted before calculating the quantity of urea.

So that if 16 c. c. has been required to produce the yellow color with 10 c. c. urine, 15.9 c. c. is considered the correct quantity.

(*c*) The urine contains more than 1 per cent. of sodic chloride; i. e. more than 10 grammes per 1,000. In this case 2 c. c. must be deducted from the quantity of mercurial solution actually required to produce the yellow color with 10 c. c. urine.

(*d*). The urine contains albumen. In this case 50 c. c. of the urine is boiled with 2 drops of strong acetic acid to precipitate the albumen, the precipitate is allowed to settle thoroughly and 30 c. c. of the clear liquid is mixed with 15 c. c. of the baryta solution, filtered and titrated for both chlorides and urea, as previously described.

(*e*). The urine contains ammoniac carbonate. The presence of this substance is brought about by the decomposition of urea and it may sometimes be of interest to know the quantity thus produced, so as to calculate it into urea. As its presence interferes with the correct estimation of urea direct by mercurial solution, a portion of the urine is precipitated with baryta as usual, and a quantity representing 10 c. c. urine evaporated to dryness in the water bath to expel the ammonia. The residue is then dissolved in a little water and the urea is estimated in the ordinary way. On the other hand, 50 c. c. not precipitated with baryta is titrated with normal sulphuric acid and litmus paper, each c. c. of the acid representing .017 gramme of ammonia or .03 gramme of urea.

ESTIMATION OF PHOSPHORIC ACID BY SOLUTION OF URANIUM.

Fifty c. c. of urine is measured into a small beaker, together with 5 c. c. of solution of sodic acetate. The mixture is then warmed in the water bath or otherwise and the uranium delivered in from a burette with constant stirring as long as a precipitate is seen to occur. A small portion of the mixture is then removed with a glass rod and placed upon a clean white porcelain slab or plate, a very small drop of a solution of potassic ferrocyanide is brought with the aid of a glass rod or small pipette into the middle of it. This is repeated from time to time till a faint brown tint is produced, when the addition of uranium solution is discontinued and the quantity of solution may be calculated for the total phosphoric acid contained in the 50 c. c. of urine. If the uranium solution has been accidentally used in too large quantity 10 or 20 c. c. of the same urine may be added and the testing concluded more cautiously. Suppose, for example, that the solution has been added in the right proportion and 9.6 c. c. used; the 50 c. c. will contain .096 gramme phosphoric acid. With care and some little practice the results are very satisfactory.

EARTHY PHOSPHATES.

The above determination gives the total amount of phosphoric acid but it may be of interest to know how much of it is combined with lime and magnesia. To this end 100 c. c. of the urine is measured into a beaker and rendered correct alkaline with ammonia. The vessel is then set aside for ten or twelve hours for the precipitate of earthy phosphates to settle. The clear fluid is then decanted through a filter and the precipitate brought upon it and washed with ammonical water. A hole is then made in the filter and the precipitate washed through, the paper moistened with a little acetic acid and washed into the vessel containing the precipitate, which latter is dissolved in acetic acid. Some sodic acetate is added and the mixture is titrated as before described. The quantity of phosphoric acid so found is deducted from the total previously estimated and the remainder gives the quantity existing in combination with alkalis.

ESTIMATION OF THE SULPHURIC ACID WITH CHLORIDE OF BARIUM.

One hundred c. c. of the urine is poured into a beaker, a little hydrochloric acid is added and the whole is heated. When the solution boils the baric chloride is allowed to flow in as long as the precipitate is distinctly seen to increase. The heat is removed and the vessel allowed to stand still so that the precipitate may subside. Another drop or two is then added and so on until the whole of the sulphuric acid is precipitated. Much time is, however, saved by fastening a fine piece of filtering paper over the end of a glass tube and inserting about half an inch into the liquid. The clean filtrate is then transferred to a small test tube and a drop or two from the burette added. This is afterward returned to the beaker and more of the baryta solution added if necessary. This operation is repeated until complete. In order to be sure that too much baryta solution has not been added a drop of the clear fluid is added to a solution of sodic sulphate in a test tube or upon a plate of black glass. If no precipitate occurs more baryta must be added. If a slight cloudiness takes place the analysis is finished; but if much precipitate is produced too large an amount of baryta has been used and the analysis must be repeated. For instance, suppose that 18.5 c. c. of baryta solution has been added and there is a slight cloudiness produced which no longer appears after the addition of another .5 c. c. We know that between 18.5 c. c. and 19. c. c. of solution has been required to precipitate the whole of the sulphuric acid present and that accordingly 100 c. c. of urine contain between .185 and .19 of sulphuric acid.

ESTIMATION OF SUGAR WITH STANDARD COPPER SOLUTION.

Ten c. c. of the clear urine is diluted in a measuring flask to 200 c.c. with water and a large burette filled with the fluid. Ten c. c. of the copper solution (= .05 gramme sugar) is then measured into a white porcelain capsule. Forty c. c. of distilled water is added, the vessel arranged over a spirit or gas lamp under the burette and brought to boiling. The diluted urine is then delivered in cautiously from the burette until the bluish color has nearly disappeared. The addition of the urine must then be continued more carefully, allowing the red precipitate to subside after each addition by removing the heat, when by gently sloping the capsule the clear liquid allows the white sides of the capsule to be seen so that the faintest shade of blue would be at once perceptible. When the color is all removed the burette is read off and the quantity of sugar in the urine calculated as follows: Suppose that 40 c. c. of the diluted urine has been required to reduce the 10 c. c. of copper solution, that quantity will have contained .05 gramme of sugar; but the urine has been diluted 20 times and 40 c. c. represents only 2 c. c. of the original urine. therefore 20 c. c. contains .05 gramme sugar or 25 per 1,000.

ESTIMATION OF FREE ACID.

One hundred c. c. of the urine is measured into a beaker glass and normal alkali delivered in drop by drop from a burette until a thin glass rod dipped in the mixture and streaked across some well prepared litmus paper produces no change of color. The degree of acidity is then registered as being equal to the amount of normal alkali used.

ESTIMATION OF ALBUMEN WITH STANDARD SOLUTION OF FERROCYANIDE OF POTASSIUM.

To avoid the tedious process of estimating albumen by filtration and weighing, Bodeker has devised a method of titration that gives very fair approximate results. The principle is based on the fact that potassic ferrocyanide completely precipitates albumen from an acetic acid solution in the proportion of 211 ferrocyanide to 1612 of albumen.

Process. Fifty c. c. of the clean filtered urine is mixed with 50 c. c. of ordinary commercial acetic acid and the fluid put into a burette. Five or six small filters are then chosen, of close texture, and put into as many funnels, then moistened with a few drops of acetic acid and filled up with boiling water; by this means the subsequent filtration of the mixture is considerably facilitated. Ten c. c. of the ferrocyanide solution is then measured into a beaker and 10 of the urinary fluid added from the burette, well shaken and poured upon filter No. 1. If the fluid which passes through is bright and clear with yellowish color, the ferrocyanide will be in excess and a drop of urine added to it will produce a cloudiness. On the other hand if not enough ferrocyanide has been added, the filtrate will be turbid and pass through very slowly. In this case both the ferrocyanide and the urine will produce a turbidity when added. In testing the filtrate for excess of ferrocyanide care must be taken not to add too much of the urine, lest the precipitate of hydroferrocyanide of albumen should dissolve in the excess of albumen.

According to the result obtained from the first filter, a second trial is made, increasing the quantity of urine or ferrocyanide, half, or as much again, and so on until it is found that the solution first shown to be in excess is reversed. A trial of the mean between this quantity and the previous one will bring the estimation closer, so that a final test may be made decisive.

Example.—Fifty c. c. of urine passed by a patient suffering from Bright's disease was mixed with a like quantity of acetic acid and tested as follows:

No.	Urine.	Ferrocyanide.	Urine.	In filtrate, ferrocyanide gave
1	10 c. c.	10 c. c.	0	Precipitate.
2	10 c. c.	20 c. c.	Precip.	0
3	10 c. c.	15 c. c.	0	Precipitate.
4	10 c. c.	17.5 c. c.	0	Faint Precipitate.
5	10 c. c.	18 c. c.	0	0

Therefore the 10 c. c. of diluted urine=5 c. c. of original secretion, contained .18 gramme albumen, or 36 grammes per 1,000.

A further statement of the method for the preparation of the standard solutions required in the above process will be given in the next number of this journal.

ANÆSTHESIA—HYPERÆSTHESIA.

BY WALTER HAY, M. D.

[From Introductory Lecture to a Class in Rush Medical College.]

In your consideration of the innumerable phases of nervous disease which will be presented to you in your future career as practioners there will be found, to borrow the language of mathematics, one constant factor. And a knowledge of this will materially aid you in forming your diagnosis. Bear well in mind that no matter what may be the apparent symptoms (whether indicating disturbance of function in the direction of excess or defect, convulsion or paralysis, delirium or coma) the one constant element is debility, depressed vitality, loss of force. There can be no such thing as plus vitality. The maximum result of the co-operation of perfect functional equilibrium with perfect structural integrity (for indeed the one condition necessarily involves the other) is perfect health; beyond this point it is impossible to go. Hence there is no such condition as plus vitality. True, one function may be performed in excess of the normal standard but it will be at the expense of all the others. Muscular motions may be performed excessively, as in the case of convulsions, but it is because the functional energy of the hemispheres is too feeble to maintain their domination and control by means of which the spinal cord is kept in subjection to the will. On the other hand the hemispheres may be irritated to excessive activity, cerebration may be performed with apparent lightning-like rapidity as is seen in some phases of delirium and of insanity, but it is at the expense of coherence and intellection.

In cases where the influence of sympathetic or ganglionic portions of the nervous system is withdrawn by disease or injury the effects manifested are dilatation of the blood vessels, afflux of blood and increase of vital properties. These effects are likewise produced by certain drugs. When, on the contrary, the influence of this nerve is increased by irritation (either mechanical or galvanic, for example) there will ensue contraction of the blood vessels, diminution of the blood and decrease of vital properties.

This general fact is applicable practically thus: In those conditions characterized by dilated blood vessels, various congestions, general and local, we assume the approximate cause to be paralysis of the sympathetic nerve.

The pathology of this portion of the nervous system is best known through the effect of injuries to the fifth pair of nerves and the pneumogastric. Injuries to the former frequently result in disorganization of the eyeball, commencing with the opacity of the cornea and ending with total destruction of the organ whose nutrition is dependent on the integrity of the ciliary or ophthalmic ganglion of the sympathetic. This has been demonstrated experimentally often. So, too, compression or secretion of the cervical ganglia of the sympathetic is followed by contraction of the pupil, retraction of the ball of the eye and consecutive inflammation. On the other hand, irritation of the cervical sympathetic, either mechanical or galvanic, will be followed by dilatation of the pupil and an anæmic condition of the cornea. It is probable, although it has not yet been demonstrated by actual observation, that injury to the ganglia on the posterior roots of the spinal nerves in infancy or in intra-uterine life may be the cause of defective growth and nutrition in children.

The relation of the ganglionic nervous system to the heart is demonstrated very frequently in the course of surgical practice. Experiment has demonstrated that crushing the brain or spinal cord occasions a sudden cessation of the heart's action. But the same effect is produced by crushing the stomach or a limb or the foot, and this too after the careful removal of the brain and spinal cord; from which it is clear that the effect could have been produced by the influence of the sympathetic alone. Some of the cases of sudden death occurring after surgical operations or after injuries by no means essentially mortal can be explained in no other way. I can recall at this moment one such instance within my own observation in which death resulted from the passage of a wagon wheel over the knee of the patient, crushing the joint. This is what is termed shock and it is exemplified sometimes under the influence of intense mental excitement, particularly where the heart is already weakened by pre-existing disease.

In pursuance of the plan indicated to you already, i. e. to begin with the simplest form of derangement of innervation and proceed gradually in the order of physiological development to the more complex, we will begin our studies with those disturbances of innervation involving primarily and essentially the sensory fibers of the peripheral nerves and the functions of common sensation.

Sensation may be disturbed in three directions: by diminution or abolition, by exaltation and by perversion.

The disturbance of innervation by diminution of its intensity or its total abolition is that condition known to pathologists as anæsthesia, a word derived like most of our scientific technology from the Greek, meanining loss of feeling. We frequently find this condition expressed by the term "paralysis of sensation" but much confusion will be avoided by the abolition of the term paralysis from this association and by limiting its application to loss of motor power alone.

Of the various forms of anæsthesia we will first consider peripheral or local anæsthesia. and this may be occasioned by any one of three conditions:

First.—Morbid changes in the extremities of the nerves or nerves implicated by means of which they are incapacitated from receiving normal impressions as illustrated by the numbness produced by intense heat or cold or by the action of certain chemical agents such as carbolic acid applied to the surface.

Second.—By incapacity in the sensory or afferent fibers of a nerve to convey normal impressions to the brain as illustrated by the interception of this conducting power by means of a ligature surrounding a limb or by section or by crushing or bruising of a nerve. And

Third:—The third condition which would be manifested by anæsthesia must be change in the nerve cells of the central ganglia so that when an impression is received at the extremity of a sensory or afferent nerve and conveyed to the center it is not received there by reason of some modification in the structure of the nerve cells at that point. The condition will be considered subsequently when we come to consider diseases of the nervous centers to which category it more properly belongs.

Anæsthesia may be localized topographically according to the site of its manifestations. into: first. cutaneous; second, muscular; third, of the fifth nerve; fourth. sensorial; and fifth, visceral anæsthesia.

The first and by far the most common form is that in which the skin is involved and is manifested in deficiency or total loss of tactile sensibility and of perception of temperature, under which the subject cannot distinguish hot bodies from cold. Under this condition much injury to the cutaneous surface may be received by contact with very hot or very cold bodies. It sometimes results as a consequence of pressure as illustrated in the familiar instance of bedsores although in this condition something further is involved. i. e.. modifications of the nutritive nerves.

Anæsthesia of the fifth pair of nerves is dependent on lesions of that nerve at points in its course which are indicated by the extent of the abolition of sensation. Thus if sensation be lost over an extent of surface dependent for its nervous supply upon more than one division of the nerve the lesion must be located at a point in its course posterior to its division into its separate branches. If again the loss of sensation be accompanied by loss of motion in the muscular apparatus supplied by the fifth pair the lesion must be located at the ganglion of Gasser or at some point in the course of the nerve posterior thereto.

Or to go still further, if the anæsthesia be associated with disturbance of the functions of other nerves contiguous thereto the seat of the disease must be in the brain itself, in which case the importance of the symptom becomes more serious, for which Romberg is our authority. This condition sometimes precedes or succeeds its opposite condition, hyperæsthesia, neuralgia and it is sometimes also associated with paralysis.

That form of local anæsthesia which we have termed *sensorial* anæsthesia—manifested in the nerves of special sensation, the olfactory, the optic, the auditory, the gustatory—belongs more properly to special branches of pathology and we shall be obliged to omit its consideration.

Anæsthesia of the mucuous surface and of the viscera is probably dependent upon lesion in the sympathetic nerve of which so little is known that I can give you no positive instructions upon the subject. As a local disease this condition is neither very common nor very important but understanding its elementary and simpler forms you will be better able to appreciate its value when it occurs as a symptom as a factor in more complicated conditions. Let us fix thoroughly and firmly in our minds the definitions of simple morbid conditions, the letters and syllables of disease, and we shall be able to spell the "big words" easily when they come before us.

The diagnosis of anæsthesia must not be made up exclusively from the statements or patients, instrumental intervention will be found necessary frequently. And for this purpose various instruments have been proposed by different authorities, all, however, consisting of modifications of the same radical idea, i. e., two sharp points which are brought into contact with the skin at the same moment that their distance from each other may be estimated by the patient and this estimate will constitute the index of cutaneous sensibility.

These instruments are termed æsthesiometers. That of Dr. Sieveking commended by most writers is simply a beam compass, that is, a graduated metal bar four or five inches long upon one end of which a steel point is fixed at right angles to the axis of the bar while a slide bearing another steel point traverses the bar. That of Dr. Hammond consists of an ordinary pair of dividers having a graduated arc affixed to one arm. I have frequently made use of the separated points of a pair of scissors or two toothpicks to acquire the same information.

There is one point of practical importance to which I must allude with which it is desirable that you should familiarize yourselves by actual experiment. I mean the normal difference in the sensitiveness of different portions of the body. The distances at which the points of the æsthesiometer can be distinguished vary from half a line at the point of the tongue to thirty lines at the middle of the arm, thigh, back and neck.

The treatment of local anæsthesia depends of course upon the cause, this being removed the malady will generally subside.—*Chicago Medical Journal.*

NECROSIS OF OS CALCIS.

Cleveland Homœopathic College; *Service of Professor Schneider.*
November 11*th*, 1872.

[Clinic No. 67, Burtie Benson, Randolph, Pa.]

History.—Seven weeks ago patient stepped on a rusty nail, which penetrated the foot near the anterior surface of the os calcis. During the day he experienced very little pain from the injury; rested well all night. Next day, in the afternoon, he complained of severe pain in the foot, was restless and feverish; spent a restless night with intense pain and high fever. Next day the pain and fever continued with increased severity; delirium had set in and and the foot was much swollen and inflamed. The alarmed parents now sent for a physician.

Dr. Neville found the patient in great agony; the muscles were rigid, the tendons contracted; the leg drawn up; muscular twitchings all over the body and other symptoms of impending tetanus. As there was some fluctuation an incision was made, poultices applied and *nux vomica* administered. The pain, swelling, fever and delirium continued and were treated with the indicated remedies.

When the patient appeared before the class he was emaciated and pale, a picture of suffering and distress. A little anterior to the external malleolus was a sinus extending downward and backward about two and a half inches to another opening.

Remarks.—On this part of the plantar surface the fascia is thick, the tissues firm and hard; consequently when injured inflammation is apt to be severe, very rapid and destructive. Periostitis set in with severe pain and fever the day after the injury was received, and I suppose it has gone on to necrosis, resulting in exfoliation.

Instructions to the Class.—In all such cases apply moisture and heat, by poultices, to reduce the inflammation and to hasten suppuration. If there be fluctuation incise the part freely: by so doing you not only allow the pus to escape but you also reduce the congestion and consequently relieve the pain. Inject cleansing and stimulating washes—as calendula or dilute carbolic acid. If there be rigidity and twitching of the muscles here and there nux vomica will likely be your indicated remedy; for cerebral symptoms belladonna or hyoscyamus; if the urinary organs be involved in connection with cerebral symptoms, stramonium.

Operation.—The probe revealed no disease of the astragalus but a roughened condition of the os calcis. A free incision was made and the diseased portion removed, leaving nothing but a partial shell.

The Prognosis depends in the first place on the patient's constitution. In this case we may expect a favorable result; nature may partially restore the bone and the patient have a tolerably useful foot. There is some danger in the fact that the articulating surface of astragalus is exposed, and if inflammation should extend in that direction amputation might become necessary.

Dressing and Treatment.— Introduce into the wound Lint saturated with carbolized oil and apply a bandage. Calendula is to be occasionally injected. Give a nourishing diet and watch carefully any local or constitutional symptoms. We will give him calcarea phosphorica (200th) one dose every four days.

HOW TO STUDY THE MATERIA MEDICA.

BY H. NOAH MARTIN, M. D.

[Read before the Homœopathic Medical Society of Pennsylvania.]

The substance of this essay was given in an extemporaneous lecture to the class of 1871-72 of the Hahnemann medical college of Philadelphia and is now written at the repeated request of many of its members.

The study of the materia medica in its clinical aspect has confessedly been a difficult one both to the physician of experience and the under graduate of medicine. The student often complains after having attended two full courses of medical lectures that he has no available method for its study.

The most common and natural one usually adopted by the student is the memorizing of symptoms. But in the course of time he finds such an innumerable array of so-called characteristic symptoms duplicated in numerous medicines without any apparent pathological basis that the attempt to memorize is futile or if even practicable a still greater difficulty meets him in the effort to distinguish when a so-called characteristic which is common to a great number of drugs is applicable to one given case of disease.

The question is How may he know which of these medicines, each of which is said to contain a given characteristic, is indicated in a given case of disease which develops this peculiar symptom?

The student when he first looks into our voluminous materia medica unaided by a knowledge of anatomy, physiology, pathology or the ætiology of diseases—which is a part of pathology—finds himself much in the condition of a person reared in a city suddenly left to himself in a dense wood. To such an one every tree and shrub and blade of grass and stone resembles every other of its kind and he is lost in a labyrinth of similarities. But a continued residence there soon photographs upon his mind certain peculiarities which were at first unnoticed. Familiarity with these differences soon makes it possible for him, at the merest glance, to determine his exact position relative to these objects. His educated eye intuitively sees that little teat of gum which has exuded on the southern exposure of yonder tree, the peculiar bend of certain limbs of trees about him, those patches of moss here and there; even the leaning to this side or that of the blades of grass which border his well trodden path are, imperceptibly to himself, known. So with the student; all symptoms of drugs and of diseases bear such a similarity to each other that there seems to be no guiding rule to discover their differences. But the physician of experience, by long familiarity with these expressions of disease, comes to see without effort, at a glance and almost intuitively, the minutest differences and similarities possessed by the varied forms of disease and their congeners the symptoms of drugs.

But the student is expected to know something of the materia medica when he graduates and to be somewhat competent, unaided by long experience and familiarity with their uses and effects, to use them effectively in the healing of the sick.

How shall this be accomplished? The curriculum of studies pursued in all our medical colleges is manifestly wrong. The student should not be suddenly dropped into the midst of a labyrinth of symptoms, but gradually and almost imperceptibly he should be led, step by step, gathering and treasuring up knowledge as he progresses. Anatomy should first engage his attention, each portion of the human body, its trunk and its limbs, its external surface and the fluids contained within it should be minutely understood; then the physiological study of this anatomical structure, how it is nourished and how it lives in a healthy state, should be, as completely as possible, mastered. After this come the pathological studies of this being.

It has often and well been said that in order to understand pathology it is necessary to understand physiology, which is the synonym of health. We make our provings upon the physiological or healthy body and pathological conditions are produced. These symptoms are contained in and constitute our materia medica. By our previous knowledge of anatomy we are enabled to distinguish what organs and tissues of the body are most prominently affected, what symptoms are of organic origin and what may be attributed to reflex or sympathetic action. So our materia medica becomes nothing less than a pathological expression or the mirror of disease.

For all practical purposes, then, our materia medica is our great work on the pathology of diseases and it can only be studied successfully in that relation. Pathological states have been divided into classified diseases. This classification, however imperfect it may be, is of incalculable use to us and we ought to feel thankful to the allopathic school for their arduous and successful labors in this direction.

We have occasion to regret the position assumed by eminent men in our profession, whose opinions we have reason to respect, when they say that diseases are nothing and the sick man is everything for treatment. In one sense it is true that we treat sick persons and not diseases but the whole truth is we treat sick persons having diseases.

In order to the proper development of any science there must be systematic classification. To classify is to follow the order of nature.

It is possible that the eminent physicians mentioned go to the extreme of denouncing all classification because of the fear that some novice will be led into the error of treating the names of diseases, i. e., rheumatism with rhus, etc. But will it do to ignore a scientific method because, perchance, some practitioners are unscientific? As an illustration of the value of classification, we point to the absurdity of an endeavor to converse upon the most ordinary topics without it.

Suppose my friend should tell me he had bought an animal having four legs, and so on, giving a minute description of the length of his ears, the length and appearance of his hair, the kind of hoof, whether split or whole, the tail, whether bushy or not, whether or not a mane, a minute description of the teeth, etc., etc.; how absurd this appears in the era of steam and telegraphy! Think, also, of the state of mind of his auditor during his lengthened description and, at the last, the uncertainty as to whether a horse or a mule had been described. On the other hand, my friend says he has bought a horse, thus recognizing a natural classification; how readily the idea is received and the picture of a horse imprinted on the mind! But as to the characteristics of this horse I am still in the dark until my friend relates them.

Apply this to the classification of diseases and on the one hand we observe the absurdity of a lengthened physiological, anatomical and pathological description of the symptoms of a case and also at the last, by the avoidance of all names of diseases, the uncertainty as to the thing described; but when I am told that a case of rheumatism has been treated, a totality of symptoms is immediately presented which, being common to all cases of its kind, suggest the sick patient treated. But as all persons differ in some degree, characteristics peculiar to each person arise and these must be described in order to apply the similar characteristic medicine.

As individuals must be divided into classes, i. e., adults, infants, male and female, and also as to temperatures, i. e., nervous, sanguine, lymphatic, bilious, etc., so our medicines must be divided into similar entities. We may, perhaps, safely say that nux vomica represents the nervous sanguine male and chamomilla the same type of child, while pulsatilla as strongly represents the nervous lymphatic female, etc.

A class of medicines represents the sanguine, another class the nervous, another the venous, another the bilious and another the lymphatic characteristics of individuals and this classification of individuals and of their similars in medicines may be carried to an almost infinite degree. Now, suppose I diagnose a case as one of rheumatism; immediately a class of medicines are set apart in my mind to be selected from. I think of rhus, bryonia, sulphur, pulsatilla, hamamelis, mercurius, nux vomica and a whole family of medicines. Now, I find the causes of this phenomenon, which may be numerous. Is it syphilitic? Has the patient been exposed to a sudden check of perspiration or to a damp atmosphere or to a drenching rain storm or to an overstraining of the muscles and tendons and afterward to a sudden cold? All these and many more questions revolve in the mind and however the question is finally settled the number of medicines in the class to be selected from will be inevitably reduced. Now come the modalities, which, having been carefully compared and classified, reduce the number still more. Finally one medicine out of a great number of those which first occur to us as being indicated for rheumatism is selected as being the best indicated for this individual case.

For the purposes of illustration we may say that every drug or medicinal substance is a physiological being, having a head, trunk and limbs, for when administered to a true physiological being every portion of the system is more or less affected or acted upon. In other words, the drug is the counterpart of the physiological being. A man having large cerebral ganglia and a powerful nervous organization, with great will power, will be most affected by the drug nux vomica or one of its cognates. Such a man may be said to be of the nux vomica type and when this peculiar organization has an idiopathic disease it will often resemble its counterpart, nux vomica, and this drug will then be employed to cure it.

An idiopathic disease will be cured by its similar. Thus, if the disease is typhoid fever, we would not give aconite, except, perhaps, to relieve some reflex nervous symptom, and even then the properly indicated medicine for asthenic fevers would relieve such a symptom without the use of aconite. Aconite would not be indicated for such a fever, because aconite is a type of sthenic fever while typhoid fever is an asthenic fever.

To gain such a knowledge of the materia medica as will be useful to us in the treatment of diseases, we must first, as has been before intimated, learn what disease is pathologically. Know its natural history; then draw a mental picture of the disease to be treated. Let us imagine a person sick of typhoid fever; consider the sex, temperament, idiosyncrasies, etc.; then draw a picture of the rhus, arnica, bryonia, lycopodium, muriatic acid, etc. types of typhoid, noting carefully the peculiar characteristics of each drug, have them firmly and deeply impressed on the mind; in short, make them a part of ourselves, then when, even in years after, we are called to treat a case of typhoid fever, the characteristics will come fresh to our minds and a good result is assured.

A sea captain who had safely carried his vessel through a terrible storm, when complimented by his passengers for quick and ready tact in meeting every emergency, replied: "I never was caught in such a gale before, but I have often pictured to myself what I should do in just such an emergency and now when it came upon me I knew just what to do."

I have given but an outline of a method of studying our materia medica, but I hope some suggestions are here thrown out which may be useful to those who are just commencing its study.—*American Journal of Homœopathic Materia Medica.*

REDUCTION OF DISLOCATIONS BY MANIPULATION.

The law of homœopathy runs all through this plan of easy reduction of dislocations by manipulation. In every case you use the same force in reduction which you see has produced and causes the deformity until equilibrium is restored; and the action of nature does the rest. Whatsoever way the extremity or joint is distorted or whatsoever the language of the luxation or in whatever malposition you find the part, the deformity in every case is to be aggravated; you draw the part in the position in which it is found to be out of shape in a similar manner and in the same direction in which you see it. This always relaxes the muscles and untorn ligaments which actually produce the deformity by pulling the part out of shape and brings into action those muscles which have suddenly become paralyzed in the luxation, thus restoring equilibrium and overcoming the deformity. It seems to me that in this we have an analogy between the two schools of practice; where one resorts to main force the other resorts to mild means and the principle of similia; in the old method the bone is pulled against the action of opposing muscles and ligaments, to their injury; in the new they are made use of, little force is employed and no injury attends it. Of course this only refers to recent, ordinary and uncomplicated cases or dislocations proper. It may be mentioned that by force alone or an attempt to pull the bones directly into position it is found to be frequently impossible to do so without fracture.

Muscular resistance alone is generally considered the great obstacle to reduction; the hindrances in the forms of the surrounding bony structure, the lapping of a muscle over the displaced bone, the character of a tear on the capsule and the way in which the ligaments are ruptured have been hitherto considered of but minor or no importance until the profession was taught better by Nathan Smith, Gunn, Reid of Rochester, Bigelow and Greene. Original and admirable demonstrations of Bigelow, described in his work on the hip, show that in most cases the untorn portion of the capsule, the ilio-femoral or Y ligament, is often the principal cause of the deformity and the movement by which it may be best relaxed is that to be employed. The same, in a general way, is to be said as to the other joints, in regard to the untorn portion of their capsular ligament. Happily muscular and ligamentous relaxation is generally combined in a simple movement. There are many cases where muscular relaxation alone would prevail and the guide as to the proper movement to be made is seen in the malposition of the part; slightly increase the deformity to produce free motion and then manipulate the bone toward its proper place.

Shafts of bones are surrounded by as large muscles as articulations and muscular effort is present in as great or greater force, as a rule, in dislocation as in fractures. In fractures, however, extension is generally capable of being effected by the surgeon's hands without anæsthesia; but in certain luxations even after profound anæsthesia great force is necessary. At other times when, with the same muscular power present, reduction is easy, it shows that there is a condition behind muscular power which can only be and is accounted for by ligamentous resistance. *Post mortem* examinations and experiments on the cadaver have shown this to be the case. At the shoulder the first movement for restoring the displaced head of the bone, in either of the three varieties, is to elevate the arm on a level with the shoulder. If the dislocation is downward, raise the arm directly upward on a level with the acromion and make outward extension with slight rotation. In cases where it is difficult to dislodge the head of the bone by this plan, raise the elbow higher by rotary movements and extension; if necessary, use the fist in the axilla as a fulcrum and press down on the acromion for counter extension. The head of the bone is often slipped into place in the effort of bringing down the arm across the chest. In the forward dislocation the elbow is drawn upon and carried further backward to relax the muscles and ligaments which produce the deformity; the elbow is then elevated, drawn directly out from the body, then passed forward opposite the axilla and so down at the side. Or, if converted into an axillary displacement, the plan above mentioned is used. In the dislocation backward the elbow is carried further forward and upward, with extension and rotation; the head of the bone going back the same route by which it left the glenoid cavity.

In both the outwardly and inwardly inclined varieties of the backward luxation at the elbow, where the forearm is more or less flexed on the arm, reduction is effected by controlling or steadying the arm, flexing the forearm, making at the same time backward pressure near the elbow to free the bone; reduction is also accomplished over the surgeon's knee by the same movements.

In the rare form where extension accompanies the backward dislocation of the ulna the bone is put in place by making gentle rotation after extreme extension. In the luxations of the carpus upon the bones of the forearm the reduction is easily effected according to the principle above mentioned. The common dislolation at the metacarpo-phalangeal articulation is rectified by simple manipulation and extension. Difficult cases are now and then met with where the greatest force consistent with the safety of the joint will fail when the base of the phalanx is pushed back a considerable distance, overriding posteriorly the head of the metacarpus, the resistance or tension being due to the untorn portion of the anterior ligament.

Crosby's plan, which is the best, is to increase the deformity by generally pressing the phalanx further backward or occasionally forward, as you find it to be most movable; the untorn ligament is thereby relaxed and the surgeon's thumb pushes the bone in place.

In the hip, when the luxation is backward on the dorsum of the ilium, when the head of the bone is sent upward and backward, the lower extremity is adducted, flexed and further inverted and by slight extension then applied or combined abduction when the knee is elevated the bone is generally replaced; the last movement was the original method of Nathan Smith.

When the head of the bone is sent upward and forward, resting on the pubes, increase the deformity by greater abduction, extension and eversion of the thigh; at the same time the leg may be slightly flexed to control the extremity better. As the thigh is carried backward you bring the head of the bone in position with slight rotation. Another method is, when the thigh is abducted, rotated outward, leg flexed and the foot lying or retained on the opposite thigh, the knee may be elevated, when the head of the bone slips into place with a rocking motion.

Use no force, flex and extend with slight two and fro motion. While the general principle remains the same in each luxation, peculiarities are developed in separate cases and allowances are to be made for them. The causes of eversion are the ilio-femoral ligament, psoas magnus and iliacus internus muscles. In the dislocation into the thyroid foramen, flex the limb toward a perpendicular and abduct it a little to disengage the head of the bone, then rotate the thigh strongly inward, adducting and carrying the knee to the floor; make the movement in such a manner that the knee describes an inclined eclipse. Another plan is to abduct and evert the thigh, carrying it backward, then upward and across into place. In the knee reduction is effected by extension, the leg being adducted or abducted as the condyles are thrown outwardly and inwardly respectively; care being taken in the beginning of the manipulation to slightly aggravate the deformity so that movement can be had to relax muscles, and especially ligaments, to assist in reduction. The above rules are general and applicable in cases not complicated with other conditions.—*Malcom McFarland, M. D., in the Hahnemannian Monthly.*

Olla Podrida.

Transfusion.

Dr. de Belina, of Heidelberg, very justly ascribes the failure of transfusion of blood and the discredit into which it has fallen in France mainly to the employment of blood which has not been defibrinated, to not determining the quantity of blood to be employed and finally to the imperfection of the instruments and of the operative methods employed. The use of blood not defibrinated inevitably results in its coagulation in the tubes of the instrument, hence the transfusion becomes impossible, or clots may be introduced into the vein, producing a dangerous or even fatal result. If the clots be large, obstruction of the pulmonary artery and immediate death may result; and if death be not immediate, it may result from an embolus produced by the deposit of clots in some portion of the circulatory apparatus. Fibrin is not an essential part of the blood and it may be removed without inconvenience; and, further, the process by which the blood is defibrinated improves it by saturating it with oxygen and by removing the carbonic acid. As to the quantity, either too much is often employed, or to much at a time, whence results afflux to the heart, consecutive paralysis or at least dangerous congestions in different organs. A proper apparatus for transfusion should fulfill the following conditions: First, it should be capable of being kept clean; second, it should have sufficient capacity to contain the required amount of blood, and it should be used; third, the blood in it should be maintained of the desired temperature; fourth, the introduction of bubbles of air into the vein should be impossible.—*Recueil de Med. Vet.*

Symmetry in Cutaneous Affections.

[Clinic of Noel Gueneau de Mussy.]

The tendency to symmetry, which is one of the laws of normal organic development, is often found as a pathological symptom and manifests itself by the repetition of the same morbid action in similar portions of the two sides of the body. Thus the caries of one tooth is often followed by the caries of the corresponding tooth; the affections of the eyes are often double; the wound of one eye, especially when a foreign body has penetrated the organ, frequently involves the other. In gout and in rheumatism very often when one articulation is attacked the corresponding one is involved at the same time or is invaded afterward. In eruptive fevers, in many cutaneous affections, this symmetry is observed; it is more easily explained when occurring in organs to which are distributed the cerebro-spinal nerves, which are developed symmetrically on the two sides of the body and which are under the control of the strongly centralized innervation whose source is the encephalon. It is there more apparent; it shows itself, however, in the domain of the grand sympathetic. Here also are pathological consensus, sympathies in the proper sense of the word between the two halves of simple organs, between the double organs, like the two kidneys, the two ovaries.

Graves has described one of the most striking examples of pathological symmetry in median erysipelas. He has formulated this law, that when erysipelas commences on the median line, it will develop itself symmetrically on each side. A case observed recently by myself in the Hotel Dieu gives such a striking and curious confirmation of this law of Graves that I think it proper to report it. During June, 1871, I received into my wards a man affected with erysipelas of the face. The attack had commenced on the bridge of the nose and had extended symmetrically on both sides. The third day it occupied the brow, but beyond and beneath the frontal protuberances there existed two triangular spaces nearly two and one half centimetres where the skin, pale and depressed, remained perfectly sound. Its color, normal in this space, contrasted with the red carmine coloration of the neighboring parts. The edges which surrounded this part of the skin, still unattacked by the erysipelas, formed a raised border, indicating, according to the remark of Chomel, that the morbid action had not been arrested and that this portion of the teguments, as yet respected, would undergo an ulterior invasion. On the left the external border of the triangle corresponded exactly to a linear cicatrix caused by an ancient wound of the brow which had divided the skin in its entire thickness. The right half of the brow had not received any injury but nevertheless the part of the integuments untouched by the erysipelas presented exactly the same form, the same seat and the same dimensions as that which in the left side was contiguous to the cicatrix. These two triangles had a perfect geometrical equality; their position and direction were absolutely similar. We may suppose that the interruption of the vessels by the cicatrix, which was evidently perpendicular to the branches of the frontal artery, had retarded on the left the erysipelatous action but on the right the law of symmetry alone was able to explain this anomaly, which was only temporary, as I had foreseen. At the end of twenty-four hours the erysipelas had passed the obstacle and the brow presented a uniform redness, upon which the cicatrix of the left side marked only by a white line the place which the previous evening had exhibitod the triangle. The seventh day the erysipelas had disappeared and the patient became convalescent.

This case, confirming the law of Graves, appeared to me to raise interesting questions of pathological physiology. What is the cause of this unison which clothes the morbid action with such vigorous equality and such perfect symmetry between similar parts? If, as physiology teaches, the vascular action which controls the extension of the erysipelas is placed under the operation of the nervous system, we may say that the left centripetal nerves have transmitted to the centers of innervation the impression of the obstacle presented by the cicatrix to the advance of the erysipelas and that these centers have controlled, in consequence of the vaso-motor, innervation necessary to harmonize the two sides. It is certain that the sympathetic nerves anatamose by numerous commissures; perhaps, even as some anatomists admit, the cerebral nerves right and left are reunited near their origin. But in what conditions and in what manner is the action of these nerves harmonized? Our observations and our scalpels have as yet interrogated the cerebral mass without discovering the secret. In some cases we are able to establish a connection between the anamalous modifications of the nerves and lesions of the integuments. Thus we sometimes observe violent pains in the lumbar region towards the emergence of the nerves where some days afterward the appearance of zona (shingles) follows the direction and indicates, so to speak, the route. Often it even throws its vesicular groups over the track of the different branches which have among themselves connection in their origin. An eruption may succeed the neuralgias, which are sometimes very obstinate. I remember having seen, with Chomel, an old lady who, twelve or fifteen years previously, had been affected with zona and who suffered, many times a year, attacks of violent neuralgia, occupying the region where the hepatic groups had been developed. I have elsewhere cited the singular excitability of the skin by certain agents by patients attacked by neuralgia. In two of these patients of whom I have spoken opium and in others turpentine produced the appearance of eczematous eruptions upon the parts whose sensibility had been altered.—*Revue Medicale.*

Chemical Reactions.

The following beautiful experiment may be easily performed: Take two or three leaves of red cabbage, cut them into small bits and put them into a basin and pour a pint of boiling water on them; let it stand an hour, then pour it off into a decanter. It will be a fine blue color. Then take four wine glasses; into one put six drops of strong vinegar; into another six drops of solution of soda; into the third a strong solution of alum, and let the fourth remain empty. The glasses may be prepare some time before and the few drops of colorless liquid that have been placed in them will not be noticed. Fill up the glasses from the decanter and the liquid poured into the glass containing the acid will become a beautiful red; the glass containing the soda will become a fine green; that poured into the empty one will remain unchanged. By adding a little vinegar to the green it will immediately change to a red and on adding a little solution of soda to the red it will assume a fine green, thus showing the action of acids and alkalis on vegetable blues.

Editorial Notes.

"Brevity is the soul of wit."

We solicit the co-operation of the profession in furnishing articles of general interest carefully, concisely and lucidly written.

Correspondents are themselves to be responsible for their views and subject to the criticism of the profession.

The present number of the JOURNAL is late from unavoidable causes, but it is expected that the remainder of the volume will be issued more promptly.

Disinfectants.

Medical chemists have long been in search of a disinfectant which would at once be odorless, a deodorizer and destroyer of noxious vapors and every disinfectant has had its time of prosperity and then fallen into disrepute. In an address before the New York Academy of Medicine on "The Current Materia Medica," Dr. E. R. Squibb says: "Disinfectants like chloralum or chloride of aluminum are fashionable agents. The sulphate of aluminum is better than the latter but it is old; so, to popularize it, Professor Gamgee took the chloride. To improve it in this country we have taken the name of bromo-chloralum. Wastes of chemical manufactures are to be the source of disinfectants for health boards. Copperas or sulphate of iron and carbolic acid are all that can be desired."

Condurango

Enjoyed a short lived reputation as a specific in cancer but no well proved cure has yet been recorded as effected by it and the profession, we think. is pretty well cured of its praise.

The Contagion of Small Pox.

Dr. Britton states, as the result of his observation in ninety cases, that it is only the pustule with depressed center that propogates the disease. When the pustule is conical it is never contagious. This difference makes the distinction between the "true" and "modified" form of the disease.—*British Medical Journal.*

Two cases came under our immediate care lately in which only the "modified" pustules appeared, but in about two weeks another of the same family was taken sick also with the "modified" form. Both had been vaccinated in previous years but the second case was much the severest. In addition to this four cases in one family came under our notice in which the first case was the "modified" form. The next two cases, occurring three weeks later, partook of the "true" and also of the "modified" form, and the last case, occurring still later, terminated fatally from the "true" form at the severest day or time of suppurative fever. To avoid contagion in small pox observe the following:

(1.) On the first appearance of the disease the patient should be placed in a separate apartment, as near the top of the house as possible, from which curtains, carpets, bed hangings and other needless articles of furniture should be removed and no person except the medical attendant and the nurse be permitted to enter the room.

(2.) A basin containing a solution of chloride of lime or carbolic acid or other disinfectant should be placed near the bed for the patient to spit in.

(3.) Handkerchief not to be used but pieces of rag employed instead for wiping the nose of the patient. Each piece after being used should be immediately burned.

(4.) A plentiful supply of water and towels should be kept for the use of the nurse, whose hands, of necessity, will be soiled by the secretions of the patient. In one hand-basin the wate should be impregnated with Condy's fluid of chloride or other disinfectant by which the taint on the hands may at once be removed.

(5.) Outside the door of the sick room a sheet should be suspended so as to cover the entire doorway; this should be kept constantly wet with some disinfectant efficient enough to keep every other part of the house free from infection.

(6.) The discharge of the bowels and kidneys of the patient should be received into vessels charged with disinfectants, such as the solution of carbolic acid or chloride of lime, and immediately removed. By these means the poison thrown off from the internal surfaces may be rendered inert and deprived of the power of propagating disease.

(7.) The thin skin or cuticle which peels off from the hands, face and other parts of the body in convalescent patients is highly contagious. Baths should be continued every day until the disinfection of the skin is complete.

Mortality in Small Pox.

The health officer reports a mortality of over twenty-three per cent. of all the cases of small pox occurring within the last year in Cleveland. Boston has had as many as three thousand small pox patients at one time and the reports of mortality have uniformly exceeded sixty deaths a week for several weeks past.

Transfusion.

A lady upon whom Professor Albini, of the University of Naples, has twice performed the operation of transfusion of blood direct from the artery of a lamb is experiencing great benefit from it. The professor has been requested to send an account of this important operation to the Medical Scientific Academy of Paris and also that of St. Petersburg, and we hope that ere long we may be able to give our readers an account of the results.

Xylol.

We notice that our allopathic brethren are beginning to lose confidence in the much vaunted xylol in the treatment of small pox and now recommend it only as a preventive of that scourge.

Hysteria,

A correspondent gives the following remedy for hysteria:

R—Tr. Choking, q. s. Repeat as often as necessary.

Will this correspondent give the *key note* symptom of his remedy and inform us if a higher potency would answer the same purpose?

New Teeth at Forty.

A lady in Ontario, aged forty, had five teeth extracted and new ones came instead.—*Herald of Health.*

We have seen a great many aged people who had had teeth extracted and new ones had grown in their places. In this case, however, we would like to know how old the lady was when the teeth were extracted.

Chloral.

The many deaths from chloral have given it a decided check as a hypnotic in this vicinity. Within a year three deaths from its use have come to our knowledge. In one of these cases the first dose did not produce the desired hypnotism and in thirty minutes another dose was given, which produced instant paralysis of lungs and heart.

Vaccine Alkaline.

Fluid vaccine lymph while yet warm from the heifer changes red litmus paper to blue, thus showing its alkaline reaction. Will some chemist be kind enough to explain why it so soon loses its virtue in the unadulterated fluid form, even when the air is excluded therefrom?

Thuja in Gonorrhœa.

A correspondent reports several cases cured with

R. Thujae occid. tr., 4 oz. Aquae communis, 4 drams. M. and inject three times a day after urinating.

Professor Raue gives the following hints for the use of thuja in the above: Gleet; condylomata; prostatic affections; discharge thin and greenish; red spots and erosions on the glans; sudden stitches along the urethra from back to front. Another correspondent advises us when we have the above indications to use Thuja (200th), a dose once a day. How would it do to use the two together? Will some one give us an explanation?

Personal.

We would feel obliged if our subscribers would send in for insertion under this head notices of removals, marriages or deaths of homœpathic physicians.

SAFFORD.—Dr. Mary J. Safford has removed to Boston, where she will be one of the associate editors of the *Gazette*.

STREETER.—Dr. George D. Streeter has removed from Hamburg, Iowa, to Nebraska city, Nebraska.

BENNETT.—Dr. H. N. Bennett has removed from Whitehall, New York, to Fitchburgh, Massachusetts.

TYDEMANN.—Dr. W. W. Tydemann has removed from Ashville, North Carolina, to Knoxville, Tennessee.

SHERBURNE.—Dr. F. B. Sherburne has removed from Walnut Hills to Salina, Saline County, Kansas.

PHILIPS.—Dr. E. H. Philips has removed from Tunbridge, Vermont, to Minneapolis, Minnesota.

HEMPEL.—Dr. J. C. Hempel has returned from Europe little improved in health.

COULTER—COX.—Dr. G. H. Cox, Germantown, Philadelphia, has formed a life partnership with Miss Caroline Coulter, of Germantown, and removed to Hastings, Michigan, where they may be found tending diligently to business.

PHILIPS.—Dr. E. H. Philips, on account of ill health, has removed from Cape May to Patterson, New Jersey.

ARTHUR.—Dr. Charles Arthur has removed from Sunbury, Pennsylvania, to 912 North Sixteenth street, Philadelphia.

CETLINSKI.—Dr. B. L. Cetlinski has removed from New York city to No. 122 Dwight street, New Haven, Connecticut.

Cleveland Homœopathic Hospital.—The friends of homœopathy in Cleveland have bought a building and lot in a beautiful location, No. 66 Huron street, and are exerting themselves for the early opening of a sick ward therein.

Blair.—At the close of the course of lectures on theory and practice for the present session in the Cleveland Homœopathic Hospital college, by Professor A. O. Blair, that able veteran was enticed from his rooms at Professor H. H. Baxter's by the class and given a caning by way of esteem for his services. At the close of the punishment the recipient retaliated in heartfelt terms and supper was called by Dr. Baxter, who, it seems, had been in anticipation of an angry crowd during the rest of the evening. The best of feeling prevailed and after thanking the host for the second pleasant surprise every one went home feeling refreshed in body and mind.

OBITUARY.

Died.—Dr. Frederick Clemens Baez, at Pittsburgh, Pennsylvania, September 30th, 1872.

Died—S. Sophia Tyler, a member of the medical class in the Homœopathic Hospital college, of Cleveland, O., January 27, 1873. Aged 27 years.

Something more than this brief tribute would be appropriate in the death of this most estimable young lady; for seldom are we called upon to mourn the loss of one so full of hope and future promise as she. The subject of this notice, Sarah Sophia Tyler, was born at Newburgh, Geauga County, Ohio, January 9th, 1846. She was the daughter of Arthur and Sarah Tyler, both deceased. There were eight children, four sons and four daughters, five of whom survive her. Miss Tyler attended the Oberlin collegiate institute, receiving a portion of her education there. After leaving Oberlin, she gave her services to the American missionary association, going South into Alabama as teacher among the colored people, by whom she was greatly loved. In

November of 1869 she began the study of medicine in the Homœopathic Hospital college, Cleveland, Ohio. She attended the class of 1869-70 and 1870-71, and was again in attendance upon the class of 1872-73 when her sad, sad close came.

Miss Tyler was just upon the threshold of completing her medical studies and entering upon the higher and more responsible duties of her chosen profession. Having been intimately acquainted with her for nearly two years, she being a member of my family most of that time, engaged in the study of medicine, I can truly say it never was my privilege to have known a truer or better woman. She was unselfish to the last degree and the most cheerful of human beings. Complaint was never heard from her lips and if called upon, as she often was, to give of her over-flowing strength to others, she always made the recipients of her kindness and her care feel that she was the one who received the good. She, indeed, exemplified the Scripture which says "It is more blessed to give than to receive."

The guide of her life was duty. Not, as with many, if it was pleasant and agreeable; but was it best and the demand of the hour, then it was pleasant to her and with song and perpetual sunshine she engaged in her task. Generous and self-sacrificing, almost to a fault, she was untiring in her devotion to others. Cheerful and happy always, even tears must struggle through smiles, we must mourn that earth, at least, is deprived of one so adapted in mental and physical training and moral excellence to do the work for which she was qualifying. While endowed in an eminent degree with these precious traits of a pure and noble nature she was yet sensitive to the opinions of others and retired from the contact of strangers. Hence only a few would know and fully appreciate her from the standpoint of her inner self, her higher and purer life. But to those who thus knew Miss Tyler never did those beautiful lines, sung at her funeral in Cleveland, seem more justly applied,

"Sister thou wast mild and lovely,
  Gentle as a summer's breeze,
Pleasant as the air of evening
  When it floats among the trees."

It is needless to say that Miss Sophia was a true Christian. It was her practice to read three chapters from the Bible each week day and five on Sundays; and at rising and retiring to hold communion with her God in prayer.

She was large hearted. Her benevolence ranged from highest to lowest and lowest to highest. She had a sweet disposition that hardly anything could ruffle and nothing ever vex. If it were possible to do this, a mean, small and stingy soul would. Even then it would seldom find expression, but remain in secret within her own heart. She said the least possible about others except in praise. She loved most ardently her friends, but had no hate for enemies; indeed, I do not believe she ever once thought she had an enemy. Thus she became endeared to all intimately acquainted with her.

In some respects Miss Tyler was peculiarly adapted to the medical profession. On one occasion when asked by an intimate friend "Why of all things she had chosen medicine?" her reply was, "Why, do you not think that the Christian physician's work is most nearly like Christ's work while he was on the earth?" Hence she loved the medical profession, not so much for what it could confer upon her as the good it would enable her to accomplish, in her life, for others. Thus the welfare of the poor and needy entered into all her calculations of the future here. Indeed, the haven and heaven of her aspirations was to be in some home administering to the wants of fatherless and friendless ones.

Moreover, I am informed by her professors that she stood high in her classes.

Possessed of a strong physical constitution and uncommon powers of endurance, it seems a marvel that disease could have made in so short a time such fearful inroads upon her fine constitution. But it is not far we have to seek for the apparent cause of her rapid decline. In her anxiety to be at the head and her too intense application she did not take her usual recreation and rest. This, combined with a questionable practice, with almost any one, of daily using cold ablutions, in her over-taxed and weakened state only the more certainly congested the great central orgins of her system and left her a sure prey to the ravages of disease.

But her work here is ended, though her cheerful, blessed example is not. It is for us to be taught the lesson of her pure and unselfish life and also a lesson from her sad and untimely death.

"Dearest sister thou hast left us,
Here thy loss we deeply feel."

E. G. COOK.

BUFFALO, N. Y., February, 1873.

DIED—At Rawsonville, Ohio, September 28th, 1872, of pthisis pulmonalis, S. G. WILMOT, M. D., aged 51 years.

Dr. Wilmot commenced the study of medicine when but 17 years of age, and went into practice three years later. He attended lectures at the old college in Cleveland and practiced as an allopath for fourteen years. Since that time, up to his last moments, he was a firm believer in the doctrine of Hahnemann, and well did he carry it out in his practice.

From his youth he possessed a predisposition to the disease which finally caused his death. In 1865 he had an attack of cerebro-spinal-meningitis, and since that time he was confined to his house every winter, and most of the time during summer He was outside of his door but once since August, 1871.

A *post-mortem* examination revealed the fact that both lungs were filled with tubercles, nearly solid, wish the pleuræ adherent in nearly two thirds of their surfaces. No air could have entered the right lung for a long time, a large abscess at the apex having commenced to discharge its contents some days before his death, and not more than one twentieth part of his left lung was of any use to him. His case proved how long a consumptive person may live with good care, excellent nursing, and the proper application of homœopathic remedies when necessary.

He continued prescribing until the last two or three weeks of his life and made many a prescription when hardly able to sit up. He had acquired quite a reputation in the treatment of chronic diseases, always studying up his case carefully and prescribing the single remedy in a high attenuation.

He was a man intellectually superior to the majority of the members of his own profession and we who had the pleasure of his acquaintance, and who never conversed with him half an hour without gaining some valuable information, miss him exceedingly.

G. J. J.

Literary.

Exchanges Received.—We are in receipt of the following by way of exchange:

The Journal of Materia Medica.—Edited by Joseph Bates, M. D., and H. A. Tilden. Published monthly by Tilden & Co. at New Lebanon, N. Y. Subscription price one dollar.

The Medical Investigator.—A Monthly Journal of the Medical Sciences. T. C. Duncan, M. D., managing editor; C. S. Halsey publisher. No. 12 South State street, Chicago. Terms, three dollars per annum.

The Philadelphia Medical Times.—A Weekly Journal of Medical and Surgical Science. J. B. Lippincott & Co., publishers, Nos. 715 and 717 Market street, Philadelphia. Yearly subscription, five dollars.

The Hahnemannian Monthly.—R. J. McCletchey, editor. Published monthly at No. 48 North Ninth street, Philadelphia, by A. J. Tafel; three dollars a year.

The Herald of Health and Journal of Physical Culture.—Wood & Holbrook, publishers; Nos. 13 and 15 Laight street, New York. Two dollars per annum with or one dollar and a quarter without the premium.

The Science of Health.—Published monthly, at three dollars per annum, by W. K. Bowling, M. D., and W. L. Nichol, M. D. editors and proprietors, at Nashville, Tennessee.

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CEREBRO-SPINAL MENINGITIS.

Clinical Report of Three Cases.

BY C. H. VON TAGEN, M. D.

[Professor of Ophthalmology and Otology in Cleveland Homœopathic Hospital College.]

During the month of March, 1872, I was called to see R. S., aged two years. The patient had been complaining for a few days, had been petulant and cross and wanted to be held in his mother's lap, called frequently for drink and thrust his finger into his mouth, which caused the mother to think the child was suffering from his teeth. On the night of the third day I was summoned and found the child suffering with a severe attack of diarrhea; stools frequent and copious; very watery and yellow, containing undigested particles of food that he had eaten the day previous. He had also nausea and vomiting, for which antimonium crudum (6th) was given, but with only partial relief (that is, the bowels were relieved, otherwise no change). The following day the child began to manifest cerebral symptoms, such as twitching of the limbs, particularly when asleep; would start suddenly out of a sound sleep, sit up in bed, look around as if to inquire into the cause of the disturbance and would then lie down and fall into another doze and thus on, alternately waking and sleeping; tendency to drawing of the head backward. Dark red spots of various sizes appeared on the child's face, neck, chest and arms. Opisthotonic spasms gradually set in; the teeth were clenched and the jaws firmly locked; hands and feet extremely cold, the latter as far up as the knees and the forearm to the elbows; at times the patient would cry out as if in sharp pain; the eyeballs rolled about in their sockets, followed by intervals of comparative freedom from pain. Vain efforts were made by the patient to sleep; after several nights were thus passed the breathing became more labored; insomnia ensued, subsequently coma; the discharge from the bowels continued more or less watery and now became involuntary; likewise the bladder emptied itself in the same manner; the eyelids relaxed and drooped, the eyeballs turned upward, completely hiding from view the pupils and iris; strabismus convergens was present; the skin was harsh and dry; the little patient became gradually insensible, the eyes insensible to light and the mind to all that transpired around it; no amount of coaxing or persuasion on the part of the mother, to whom the child was most fondly attached, would call the slightest response from it. I need hardly add that these latter symptoms called for a very grave prognosis.

I should add that the partial relief which followed the administration of the antimonium crudum was of but temporary duration—a day or two at the most. As soon as I recognized the cerebro-spinal complication, which was on the second day after being summoned, I applied one of Dr. Chapman's spinal ice bags to the back of the head and neck, embracing within its limits the space between the occipital protuberance above to the fifth dorsal vertebra below. Within the brief space of five minutes after the application of the ice bag the entire body, which was before in a state of rigidity (tonic spasms), became relaxed. The patient passed into a state of quietness and repose. The skin likewise assumed a more healthy condition in place of the former harshness and dryness; there was a soft and moist feeling; the stools, both fæces and urine, were passed during the same night at regular intervals, requiring some little effort on the part of the patient, showing conclusively a return of tone and vigor to these organs.

Glonoine (10th) was given every two to three hours for two or three days. The patient improved and took nourishment, there being no return of the spasmodic condition except during the interim required to replenish the ice when melted and then only when more than three to five minutes was consumed in making the change.

To avoid any delay the ice should be kept ready and broken at the bedside (the size of a common hickory nut), so that it can be replenished promptly. This should be done every forty to sixty minutes. It is highly important that a constant and continuous degree of cold should be kept up. I have invariably noticed that as soon as the ice melts the patient will manifest symptoms of uneasiness and soon the spasmodic condition will return, which is put under subjection immediately upon the ice being removed.

In this instance the ice bag was kept applied for a period of three nights and four days. At no time did the child manifest the slightest discomfort from the ice—on the contrary, when the bag was withdrawn to be refilled he would look eagerly and imploringly for it to be reapplied and when in position he would appear contented and easy.

The after treatment consisted of a few doses of calcarea (6th), which remedy was indicated by the following symptoms: Sweating about the head, together with an enlarged and swollen abdomen, pale face, etc. Then followed convalescence and subsequently recovery.

CASE SECOND.

Miss M. A., spinster, aged thirty-four, was first taken with a severe cold in March, 1871, manifesting itself in the form of a very severe influenza. Some two or three days afterward I was summoned. The patient complained of extreme restlessness, together with darting pains through the head and painful stiffness along the nape and sides of the neck; oppression in breathing; more or less jactation of the muscles in various parts of the body, particularly of the right side; the tongue was more or less stiff, so that the patient could not articulate clearly;

patient would start from her sleep with a feeling as if she was falling from a height; the muscles of the entire body became more or less rigid; violent darting pains through the brain; extremities cold and numb; some difficulty in swallowing; loss of appetite; mental faculties obtuse; hearing somewhat impaired; the skin about the face, neck and chest was mottled and of a livid hue, but not spotted, as is usually the case. All the functions of the body were more or less impaired, i. e., suspended.

I gave belladonna for two days and, finding the symptoms growing more grave, applied the ice bag in the manner described in the first case. The result was the same.

It is needless to occupy space and time by giving details. I will therefore simply add that the pains in the head were alleviated by the use of belladonna (6th), subsequently relieved with glonoine (10th). Each of these remedies was given two to four hours apart, according to the severity of the symptoms. The patient being habitually costive, nux vomica (2d) was administered, followed by the desired effect.

CASE THIRD.

The third case was that of a boy aged twenty-six months, of a very nervous temperament, who had been subject to chronic spasms at different times for a period of nine months prior to the attack of illness now about to be described. These attacks were invariably due to gastric irritation brought about by the too frequent use of sweet cakes, sugar, candies, etc.

At this time, March, 1871, the child was attacked with violent vomiting and purging; soon thereafter spasms ensued; he screamed out at irregular and short intervals, caused, evidently, by sharp, darting pains through the head; the head was drawn back and the muscles of each side of the neck were rigid, as well as those of the lower jaw, both facial and cervical; there was more or less dysphagia although the patient manifested a desire for drink but, after making repeated ineffectual efforts, finally desisted.

As the disease advanced the convulsions set in throughout the body—first partaking more of the form of *subsultus tendinum* and afterward becoming more general. The slightest touch or jostle of any portion of the body would excite them. The convulsions were now accompanied with moaning and coma followed; the limbs, both upper and lower, became powerless; the hearing was more or less impaired; the pupils of the eye were dilated; the eyes were drawn up; the eyelids immovable; breathing was stertorous; the skin was dry, harsh and apparently very sensitive to the touch; dark blotches were visible upon the face, neck, chest and lower and upper limbs; stools were involuntary.

The ice bag was applied, as hereinbefore described, followed with prompt alleviation of all these symptoms.

Belladonna (6th) was administered at intervals of three to four hours and continued for a period of two or three days. The patient improved during this time but still twitched and started more or less while sleeping. A few doses of glonoine (10th) dissipated this remaining trouble and the child passed on to rapid recovery.

THE PHYSICIAN.

BY REV. DR. BOLLES.

[The Annual Address delivered before the Alumni of the Cleveland Homœopathic Hospital College, February 12th, 1873.]

"We don't want any doctor!" "They kill more than they cure." "Every man should be his own doctor." "My neighbor would be well enough if he would only let the doctors alone."

Are you surprised, ladies and gentlemen, to hear from me an expression of such sentiments on this occasion, assembled as we are to celebrate the anniversary of this growing and most important medical institution, to congratulate these young men and women upon the completion of their course of scientific study and to wish them "God speed" at the commencement of the practical duties of their learned profession? Are you surprised? Not more surprised, I am sure, than were the hearers of Rev. John M. Mason—not Rev. Mr. Beecher, of whom the anecdote has been told—when he commenced a sermon on profanity by repeating some of the horrible oaths which he had heard in the streets on his way to the church.

I have repeated *verbatim et literatim* just what we have all heard from the lips of a very respectable class of people assailing from time immemorial and in the most disgusting language all the learned professions. "We don't want any lawyers, they are an intolerable nuisance, they create litigation, every man should be his own lawyer. If we had no lawyers we should have no lawsuits." Nor has the Christian ministry escaped the sweeping denunciation. "We don't want any ministers, they are a set of hypocrites; every man should be his own priest. If we had no priests we should have no trouble about religion or the salvation of our souls nor any theological hatred and strife."

Now, in reply to such profanities (for they are nothing but profanities, irreverence for what is intrinsically sacred), I have only a few words to say and I assert as a matter of universal history and universal experience that we must have ministers, lawyers and doctors whether we will or no and we might as well attempt to annihilate the elements of the earth and air and water and light or even the stars in their courses as to annihilate these professions.

Hence the question arises—not whether we shall rebel against the providential dispensation of the Almighty, not whether we shall try to dispense with these learned professions, not whether we shall pour contempt upon one or all of these offices and endeavor to undermine their legitimate influence and authority but—what kind of ministers, what kind of lawyers, what kind of doctors shall we have? Shall they be pretenders, impostors, deceivers, quacks, empirics, jugglers, mountebanks, having no rightful authority to act either in law, medicine or divinity and no other qualifications than those which are derived from their own impudence, arrogance and audacity? Or shall they be men and women of the highest culture and refinement, of the most thorough discipline and education, of the most undoubted learning and ability?

Such, as I understand it, is the main design and object of this medical college—the *alma mater*, the bountiful mother of these young men and women, receiving them into her arms, bestowing upon them the blessings of an education which shall fit and prepare them thoroughly to understand the nature of disease and the remedies which God in mercy has provided for it in the materia medica of the world. And then after a sufficient course both of theoretical and practical knowledge and instruction she sends them forth with the imprimature of her authority positively and expressly that society may be defended and protected and delivered from the innumerable army of ignorant and self-constituted pretenders who are ever ready to prey upon the fears and necessities of poor, weak, fallen, suffering humanity.

No doubt, in this strange and disordered world, there are some who think too little of their bodies and too much of their souls, and others—an immense multitude perhaps—who care nothing for the soul but everything for the body, even as there are others who would suffer the tortures of martyrdom rather than part with a single farthing of their ill gotten gains and not a few of whom have been known to drive a hard bargain with the doctor in the very agonies of dissolution. But God forbid that we should base our ideas of the relative importance of professional life upon any of these idiosyncrasies, for in the most substantial realities of our being all offices are blended into one—the office of doing good as well to the bodies as to the souls of men—and are only separated from each other for purposes of relative distinction or practical benefit or scientific investigation as we separate the rays of light, at the same time knowing that when separated not one or two or any of its primitive or artificially destructive elements constitute the light.

Ladies and gentlemen, members of the graduating class, let me say a word to you. The special office this day conferred upon you by the authorities of this institution—in many of the duties of which you have already had some experience—is one, I need hardly say, of pre-eminent honor and usefulness and opens before you a career of love and blessing to mankind which might well be envied even by the angels in Heaven. I can imagine no good reason why any individual in this age of the world should study the science of medicine and resolve to devote himself to the practical duties of the medical profession who has not the deepest and profoundest sympathy with human suffering in all its most aggravated forms of loathsome disease, misery and wretchedness and, *prima facie*, it seems to me that the doctor must be, from the very constitution of his nature, a man of more than ordinary kindness, sympathy and benevolence of heart. At all events I am sure that if he is not more largely endowed by nature with these heavenly dispositions than most other men or if he is not more richly supplied with the influences of divine grace, then he will find in the long run that he has mistaken his calling, that from the laborious and self-denying duties of his peculiar office he must seek relief in the more tempting avocations of worldly ambition nor have I any hesitation in saying that the practical duties of the medical profession are naturally the least attractive of any of the professions to which I have referred.

How is it with the clergy? On this subject I shall speak with all imaginable freedom, as I have a right to do, nor do I yield to any man in "magnifying my office." But in the present condition of society the clergy generally—those at least who are the most careful and the best rewarded—are men who live in the public gaze, who cater to the popular taste for novelty and excitement, who perform the duties of their office if not to be seen of men yet in such a way as to be seen and who from the very fact of their public engagements can have little to do in the retired chambers of sickness or death, for not only are their baptisms, marriages and burials in public, as they should be, but even their occasional visits to the house of mourning are often heralded in the public press and not unfrequently, as in some notable instances, have they been made to shield and cover up the follies and the crimes of the dying and the dead, nor can it well be denied that the necessity of maintaining a reputation for sensational eloquence is an absolute bar to the possibility of any systematic discharge of those retiring and unostentatious duties which may consist in visiting the widow and the fatherless in their afflictions and in keeping themselves unspotted from the world.

How is it with our lawyers? Undoubtedly they may select from some of the various departments of their profession that which is the most congenial to their taste, as counselors, attorneys, advocates, jurists, solicitors, and where without any loss of caste or worldly emoluments they may devote their time and their energies to any of the varied fields of worldly or political ambition. But how is it with our physicians? Not the amateur doctors, the men who "preach but never practice," not the men who love to talk about the different systems of medicine in the language of the schools and who think themselves wondrous wise simply because they have walked through the hospitals and listened to lectures on chemistry and anatomy, biology, pathology and physiology and in the jargon of whose ecstatic ravings we gather nothing but what fell upon the ears of the child as "pills and powder learning," not that class of doctors but the nerve and sinew of the profession, the men who have not only taken their degrees, as you will to-day, but the honest, earnest and devoted men who have given themselves up to the duties of the profession as a life-long work, who have made themselves as indispensable to the welfare of society as the pillars and foundations of the building, upon whose fidelity and skill ourselves and our families are absolutely dependent. Wheresoever there is any pestilence walking in darkness or sickness walking in the noonday, how is it with them? Can they escape at all from the practical duties of their calling if they would maintain and retain their position as faithful practitioners?

May I be permitted a little longer to trespass on your patience. We all know the medical profession has a bad reputation for infidelity and even for atheism. "*Ubi tres medici duo athei* (Whereever there are three doctors there are two atheists)" was almost an axiom when Sir Thomas Browne wrote his "Religio Medici" and against the scandal of which he protested. I protest against the same scandal now. For such has not been my experience. In my church in Boston both my wardens and several of my vestrymen were at one time physicians of the highest repute and I here give their names, though some have gone to their rest, not doubting that they must be known to the medical profession in this city: Dr. George W. Shattuck, Dr. W. E. Coale, Dr. W. E. Townsend, Dr. F. E. Oliver, Dr. R. H. Slater, Dr. John Tarbell, Dr. F. A. Ainsworth, Surgeon General Dale—all of whom were communicants and notwithstanding all their multiplied engagements and pressing duties, either in the medical college or in the hospital as practitioners, they were seldom or never absent from the public worship and some were always present even at the daily service.

I protest, therefore, against the popular impression as to the infidelity of the medical profession and I avail myself of this opportunity to proclaim my conviction that of all men the faithful practitioner has the most need of the help and mercy of God to sustain him in the trying duties and painful responsibilities of his most important and unthankful office. At the same time I wish to say that I fully sympathize with him in the apologies and excuses and necessities which often deprive him of the blessings of public worship, for not only must he be very decided and very earnest, like other men, to accomplish the object but "Sunday sickness" is a prevailing disease. We have an old lady in one of the public institutions of Boston who must on Sunday always have the doctor, though she sometimes makes a mistake as to the day and then when the mistake is corrected she at once recovers without medical advice. No doubt doctors and patients are both subjected to the same infirmity and what we want to correct the evil is an utter abolishment of all mere Sunday religion and the establishment in its place of the ever-living sacrifice of praise and thanksgiving and the daily celebration of the Holy Eucharist, so that there may be no excuse even for our busiest men to neglect the worship of God.

PRECEPTS FOR PRACTITIONERS.

BY A. O. BLAIR, M. D.

[Valedictory address to the class of 1872-73, Cleveland Homœopathic Hospital College, delivered February 12th, 1873.]

The day has come, the day so long looked forward to as the goal of your ambition. The weary, toilsome hours of study incident to student life, the monotonous routine of daily lectures for the last few months are past and a new era dawns upon you. In looking back over the last few years many pleasant memories of by-gone days will be called up and cherished with pleasing emotions. The fact that you have been enabled to a very great extent to master so many of the abstruse sciences must ever be a source of very great satisfaction. The acquaintances made, the friendships formed and the associations entered into with members of the classes during your lecture terms will no doubt be recalled with emotions of pleasure and delight. But now, to-day, your objects and efforts are to undergo an entire transformation. Your ideal world is to become real. From this time forth you are to be the peers of those whom you have been accustomed to look upon as professionally your superiors and teachers. All is changed to-day. From a state of dependence you are henceforth to occupy positions of entire independence. You are to stand alone with all the rights and immunities which pertain to any other member of our profession. But it should not be forgotten that in being clothed with the honors and dignities of the profession you at the same time assume all its duties and responsibilities. Henceforth a new life is before you. A new road with its uneven surfaces is to be trodden; new labors, new duties, new responsibilities, trials, difficulties, aye, and temptations, too, will come to you in grand procession. But be not disheartened; everything has its compensation. If you are true to yourselves, true to your God and humanity all these troubles and inquietudes shall only serve to strengthen and promote your moral forces. No man ever yet realized his ideal. The naked, stern realities of life are never found to be what our dreams have pictured. Clouds and sunshine, storm and calm, joy and sorrow, pleasure and pain, sickness and health are the common experience of all; in every situation in life, in every profession, among rich and poor, high and low, these vibrations of life's pendulum are felt alike.

As one of long experience permit me to speak of a few of the trials and discomforts you may expect to meet with on your journey. Your time will not be at your own disposal. When sickness calls you must attend without regard to your own convenience. In cold and heat, in sunshine and in storm your services will be required and it will be your duty to attend. Often you will be obliged to deny yourself of needed rest and sleep. No excuse will answer here. Go you must and go you ought if the case is urgent, life at stake or pain extreme. The sick have claims which none have a right to deny, especially the physician. Being tired and weary will not be taken as an excuse. You are the doctor and are not supposed to need either rest or sleep when sickness calls. Often you will have to forego your regular meals, for time and circumstance sometimes hinder. Social and convivial entertainments will often be broken in upon and so far as you are concerned will be denied. Go to listen to a sermon on the Sabbath or to an evening lecture upon science or any other interesting topic and perhaps, as has often happened to me, within five, ten or fifteen minutes the doctor is wanted in great haste. After a sleepless night and a long, weary day of toil you arrive at your home at midnight worn out and almost exhausted; here you find another message requiring you to visit another sufferer and that without delay. The case is said to be urgent, the patient in an agony of pain. What now? Will you lie down and sleep and let the patient go until to-morrow? Probably to-morrow you may not be wanted; another may have superseded you. Perhaps the patient is one of your best friends and patrons, one whose friendship and esteem you value highly and would not like to lose. And more than this, your conscience will not let you lie down and sleep, so away you must drag your weary, tired self; duty calls and says you have taken upon yourself the obligation, your life and services are dedicated to suffering humanity.

Again, you stand at the bedside of a beloved wife, sister or child, as the case may be. Disease has taken a deep hold upon the organism and in spite of your best directed efforts for many days there is no amelioration, no relief; the powers of nature are beginning to yield, the vital forces are likely to succumb unless help comes soon. You have summoned all your energies of mind, racked your brain for new expedients yet no cure comes. The anxious friends importune you and urge you to greater exertions. In their distress they often make the most absurd suggestions, even to the questioning of your skill. You are badgered and worried by the outside pressure of those who are not your friends and are opposed to your method of practice. You are at your wit's end, yet determine to struggle to the last. 'Tis midnight, and silent and sad you sit by the bedside of the sufferer, who moans and tosses on her bed of pain. Naught else is heard but an occasional sigh from friends who anxiously wait and watch. Where now can you go for consolation? There is one source yet. In your agony of soul you lift your heart and thoughts to Heaven, from whence cometh all our strength. Silently you breathe an inward prayer for wisdom and guidance in your extremity. At length you rouse yourself and carefully examine the case once more. In your investigations you for the first time discover that some new symptom has been developed which changes the aspect of things. You add this symptom to all the others of the group and your good angel whispers in your ears the name of a remedy yet untried. The remedy is at once prepared and administered and then you patiently wait and watch. Within an hour the patient becomes more quiet—her moaning has almost ceased, her breathing is easier, the pulse less frequent. The remedy is repeated but still you watch and wait. Little by little the case improves and before the dawn the patient falls into a gentle slumber, the pulse becomes less and less frequent, the breathing natural, a gentle perspiration bedews the surface and all is peace and hope. The morning light appears and still the patient sleeps sweetly and as the day advances all the perturbations of disease have disappeared, you pronounce the patient safe and the whole household rejoices with joy unspeakable. They overwhelm you with blessings and caresses and their confidence in you increases tenfold. Who now will say that the anxieties and griefs of the physician have not their compensation?

This picture is not overdrawn. I have had scores of like experiences and you are destined to have many. Your patients will sometimes die, for death is the common lot of all. But if you have done your duty toward them conscience will never accuse you but, on the contrary, will approve, and in this too is a compensation. No happiness is more exquisite than the consciousness of having saved the life of a fellow being and brought joy and peace to a loving household.

Again, as I have had occasion often to experience, a fearful epidemic sweeps like a wave over the land, carrying death and dismay into all ranks of society, high and low, rich and poor alike. Confiding in our great law of cure, if you are well posted in our materia medica, you will ever be ready to treat all new and anomalous diseases. You will succeed where others who sneer at our doctrines stumble and fall and by your skill will distance them in the race, especially if in an untried path. Is not this a compensation?

Competition may be sharp. Rivalry among competitors often occasions unpleasant feelings and coldness between practitioners, who should always, if possible, be friends. Jealousies are apt to be fostered by the friends of each. Disrespectful remarks about a rival are sure to be repeated to him with exaggerations. Be careful of your tongue. Be cautious, be prudent. Render not railing for railing, but treat all gossip with a dignified silence. Give no one occasion to take offense by any severe remark. Strive always for peace. Let an honest, upright course of conduct make for you a character which shall stand the test of the severest scrutiny. No man can stand up against public opinion when he is in the wrong. See to it then that you establish a character for uprightness that shall avail you under all assaults.

And now we are about to commission you to go out into the inclemencies of society, to battle with its ills and to put your skill and science to the test of your adaptation to your calling, your tact and skill will soon be tried. God grant that you may find that you have chosen wisely and that you may succeed. Do not lay aside your books. Let them be your daily companions, for you have as yet only mastered the rudiments. The foundation is only laid. A lifetime is required to rear and beautify the superstructure. Go forth, then, with our blessings and best wishes.

Be faithful, be diligent, honest, just and good. Do your duty bravely and wisely. Shame not your *alma mater.* Be kind and helpful to the poor, for their gratitude will avail you much. Bear in mind the words of our Saviour, "inasmuch as ye did it to one of the least of these my brethren ye did it unto me." To all be just and honorable. You have a right to expect and demand a reasonable compensation for your services and from the wealthy liberal returns for your efforts and skill, and this you should insist upon under all circumstances where poverty is not a valid excuse. Ask for nothing but what is your just due and see to it that you do not wait too long. Look well to your pecuniary interests but do not become avaricious or miserly. The soul's salvation does not depend upon dollars and cents or the amount of money you have in bank. Be careful of your social interests and especially the sacred interests of home. If you have a wife and children, do not allow your professional cares to cause them to be neglected. Make your home as near a paradise as possible and let it be your abiding place when not professionally engaged. No delights are so blessed as those of the happy home circle and these relations should always be kept pure and sweet. With a peaceful, happy home, a moderate amount of business, weather fine, no alarming sickness, patients all doing well, the life of the physician is very pleasant and enjoyable. He is welcomed by his patrons, his patients delight to see his face and a charm is thrown over all his daily life. Happy days!—but cannot last forever. Still they compensate largely for his days of anxiety and toil when the pestilence is abroad in the land and he is obliged to put forth his utmost efforts.

I would that I were able to delineate the character of the good physician. He should be one well skilled in the sciences, honest capable and faithful, dignified, gentle and affable in his manners, kind of heart and genial in his intercourse with all. He should combine tenderness with firmness, gentleness with energy. Chaste and pure, he will keep inviolate all secrets revealed to him as such. No matter what they may be, whether matters of delicacy, vices or even crimes, when confided to his keeping they should be held sacred. The peace of society, the peace of families, the hopes and aspirations of individuals after a better life may all depend upon his silence and woe to the man who violates these solemn obligations. Then let us remember that God is just, that whatsoever we sow that shall we reap. Let nothing tempt you to do a deliberate wrong for it is sure to react, sooner or later.

Finally, let us all remember that we are born to die, that this world is only our temporary abode and that we are liable to be called hence to enter upon a higher life. Then let us set our houses in order every day and be ready to depart with joy whenever the Master calls.

MEDICAL EDUCATION.

Its Attendant Honors and Responsibilities.

BY REV. W. E. McLAREN.

[An address delivered before the Hahnemannian Society of the Cleveland Homœopathic Hospital College, February 11th, 1873.]

The ceremony which crowns the exercises of this evening and consummates the hopes and aspirations of long years of preparation is significant not so much for the degree it confers as for the fact that it ushers so many young men into the scenes of active professional life. The occasion is aptly termed a commencement. The past has been preparatory. Esculapius must now go forth from his temple and begin his mission of mercy. Beginnings are always emphasized. We celebrate the launching of a vessel. We rejoice at the birth of a child. Nations mark with festivity the coronation of kings or inauguration of presidents. And there is reason why we should signalize the entry of well equipped men upon the conflicts and duties of life, especially men who, rising above the unusual temptations which the age and the land offer to minds ambitious only to acquire money, dare bravely confront the self denials and sacrifices of a profession which wishes them to "spend and be spent" vicariously for the welfare of humanity, as inadequately compensated for their labors as appreciated for their devotion.

It is palpably not my province to address you, gentlemen, from the scientific side of your profession. Having the fear of the proverb *Ne sutor ultra crepidam* before my eyes, it kindles no blush upon my cheek to acknowledge that the least among you could quite confound me in the line of therapeutic lore. Nevertheless, I may without presumption present to your minds some considerations from the standpoint of one who, though not a physician and though seldom in need of one, is not altogether ignorant of the responsibilities which you have assumed nor of the hazards and trials to which you will be exposed.

I would counsel you, first of all, to cultivate and maintain a high sense of the dignity of professional life. The framers of our national constitution are guilty of a "glittering generality" respecting human equality which is very untrue in its specific application and has been the fertile source of not a few popular fallacies. There are differences among men. Some come of better physical stock than others. Some lift themselves to superiority by the conservation and education of their faculties of mind and body. There are degrees in society and the very act by which you are shortly to be advanced to a recognized position in the medical profession is an objective proof of the fact. Your superiority is not due to a piece of parchment, it is true, but that parchment represents the essential circumstance that you have devoted much time to the acquisition of knowledge and to the methods of its application in a particular sphere and that you have been adjudged to be duly qualified to enter upon the independent practice of a profession upon which the welfare and happiness of society so largely depend. Now, if this judgment be true, you have reason to felicitate yourselves as constituting parts of the aristocracy of educated mind which is or must become the dominating power in this land. Wealth puts on lordly airs. "Merchant princes" set up their thrones. King Corporation grinds us beneath his iron heel. But their tenure of power is temporary and will cease when the peculiar conditions which have gendered their usurpations are modified. The true sovereignty follows the line of education rather than of acquisition. The "blue blood" of American aristocracy had its fountain in the school and the college. He who has the most may be a very good man but the best man—best for himself, for his country, for his kind, for God—is the man who knows the most.

It would be a piece of arrogance should we claim that the higher walks of educated life exhaust the intelligence of the nation. Still it is undeniable that the average status of the men who have been carefully trained and graduated for what are called "the learned professions" are "easily eminent" above all others in intellectual development. Mind is power. Not matter but spirit, not physical force but ideas are omnipotent, and those men are the *noblesse* of the land who can generate them most readily and apply them most deftly to the needs of man. This is not the enunciation of a theory but of a fact; nor is it designed to provoke a caste spirit. It is quite sufficient that the Chinese should mark their scholars each by the color of his buttons and set them above the common herd. What I desire to impress upon you, gentlemen, is that professional position should induce not a sense of aristocratic pride but a sense of aristocratic responsibility. If education implies the possession of superior capabilities it implies with equal force of logic the bearing of heavier burdens and the performance of larger duty. We hold everything as trustees. He who possesses what others have not is under obligation to impart. Gifts not used are misused and the fuller the fountain of a man's natural and acquired powers the greater the obligation to impart of his abundance.

In the light of these truths professional life cannot but rise in our estimation to a dignity that is scarcely less than solemn.

There are men, perhaps, who have no higher sense of their mission than the exchange of their *quid* of brains *pro quo* of other people's money, but I pray you do not so stoop. Stand up as men exceptionally endowed, set apart to a high function, conscious of the claims which humanity and the Father Almighty have upon you. Stand up to be true to truth, to do bravely what your hand findeth to do, to suffer patiently that others may suffer less. Stand up ever to maintain a laudable pride of your acquirements, a manly honor in your relations to man, an *esprit de corps* in your relations to your profession and a determination that the world shall be better for your having been elevated to the dignity of the educated class.

There are many other considerations appropriate to such an occasion as this. Some of them are so trite that they have degenerated into platitudes. Some have doubtless been presented to your minds from other quarters.

There is one word of counsel which I feel under sacred obligation to impress upon you. In your course of preparation you have been brought face to face with nature and have closely studied her laws in order that you might bring yourselves and others into harmony with those laws. You have discovered the omnipresence of law. Every atom of human anatomy is under the sway of chemical and mathematical law. The changing types and conditions of disease are controlled by law. Law dictates the exhibition of all remedial agencies. You have come to perceive, I say, the sublime truth of the omnipresence of law.

> "The very law which molds a tear
> And bids it trickle from its source—
> That law preserves the earth a sphere
> And guides the planets in their course."

Your studies have also, gentlemen, introduced you to the material side of things and these have absorbed your attention to the comparative exclusion of psychological study. It is, moreover, your lot to live at a time when the sovereignty of law is often exalted at the expense of an infinite lawgiver and when a materialistic philosophy widely prevails. You are exposed, therefore, to unusual temptations, to lack of symmetry in the acquisition of scientific knowledge. I have recently read of the engineer of an ocean steamer who acknowledged that his boilers were insecure and when asked how he dared put to sea in such a condition he replied, "Well, we engineers get to feel that we control the machine." Is there not a tendency among those who study nature and manipulate her laws to feel that they "control the machine?" Is it not surprising when we consider what scientists have done; how they have stemmed the tides and braved the storm and bridled the winds and chained the lightning and tamed the thunder; how they have stopped the march of pestilences and suspended the sensation of pain and revealed the hidden depths of man's physical organism to their penetrative diagnoses; how they have "transformed the almost viewless vapor into a superhuman power almost repealing heaven's statute of human toil, annihilating time and space and drawing into one familiar brotherhood the most distant and estranged of the human family;" how they have revealed to microscopic gaze a world below us and to telescopic gaze a world above us more illimitably grand and wonderful than our own world; how they have realized the phantasy of Shakespearean imagination and "put a girdle round the earth in forty minutes;" how they have not only measured the weight of the stars and sun but analyzed their chemical constituents in the delicate crucible of the spectrum—when, I say, we contemplate what modern science has accomplished, it is not surprising to find much idolization of humanity and much arrogance of selfhood. But is it not well in such a time to emphasize our finiteness? Nature is master still. What though man can chain the forked lightning and make it run at his bidding; what though he can rule the dashing wave; what though he can ward off a host of terrible diseases by consummate skill; yet electricity runs riot over the world when it will and steam enacts tragedies of blood on land and sea and the cemeteries are filling up now as of old time. Science has its limits and man sees not yet all things put under him. It seems to me, therefore, that the disciple of material science ought in justice to himself to beware of partializing his development and losing intellectual symmetry.

It would be well to consider what is to be gained (and what lost, too) by lightly setting aside the proposition that law implies a law giver and creation a creator. I am not one of those who tremble lest God should be jostled from His throne. I believe in the absolute harmony of natural science and revealed religion. There may be temporary difficulties of interpretation. On the one hand scientists may generalize prematurely upon incomplete inductions and give too free scope to the poetic or imaginative element in their statements of theory. On the other hand religionists may contend unwisely for interpretations which might be surrendered without impeachment of Holy Scripture. Indeed, history has repeatedly verified both these statements. Doubtless there will always be atheists in the world, at least until the coming epiphany of God, but there is no reason to fear the triumph of atheism. Nature and revelation will, after conflict, lie down in peace together and as the fruit of their reconciliation we shall better than ever be able to catch the meaning of the universe while we listen to their voices singing in perfect unison the praises of the Almighty One. In the meantime is it not wise to cling somewhat tenaciously to the existence of a personal first and final cause? Is there not a depth of common sense and pertinence in the at first sight ridiculous inquiry addressed to the theory that man has developed upward from a yeast fungus What brewery furnished the yeast?

There is neither the place nor time to enter into discussion of themes which largely interest the educated mind of the world I desire simply to throw out the kindly caution, gentlemen, that scientific study may be pursued in an unscientific way and that it is not wise to be beguiled by brilliant novelties in theory until they have been verified by the exhaustive exploration of the phenomena of the universe. Certain it is that not one single proof demonstrative has given the lie to the old truth that species are fixed. Doubtless there is a truth underlying the idea of development. It is a truth of Holy Scripture. There is development in the sense of progression. It has been beautifully compared to "a solemn hymn, some grand oratorio which, starting on a few low, faint notes, gradually gathers strength and fullness and, swelling louder and louder, rolls on from harmony to height of harmony until it reaches its loftiest outburst and expression—'the diapason closing full in man.'" And all this rhythmic harmony flowing from the hand of one who sweeps the chords of the universe as a harper his harp. Gentlemen, let us deal carefully with the law of "each after his kind" and each having "its seed in itself." "Whatever is developed must be identical with itself throughout the entire line of its progress, the oak producing the acorn, the acorn the oak, the man the child, the child the man, down to the latest generations—all departments of organic life constructed on the seminal plan, any deviation from which would only be a resultant monstrosity."

I have also thought that there is special reason why the medical profession should brace itself against materialistic tendencies and keep in mind the duplex nature of man. Your mission directs you specially to the bodies of men but those bodies are tenanted by souls. That spirit is essentially distinct from matter is a fact of consciousness. We know that we are. We know that the body is not the *ego*. The idealist says there is no matter but he cannot live or act without assuming the existence of the external world. The materialist says there is no spirit but neither can he live or act without assuming the existence of mind as distinct from matter. The body is the machine which the *ego* employs. The two are mysteriously associated and vaguely independent. Does not this truth greatly enhance the dignity of your vocation? Is it not a sublime task to minister through the body to that spiritual entity within which possesses the Godlike property of immortality and shall survive when the poor, pained animal frame shall have returned to the dust whence it came? To minister to men and women in sickness as a mechanic to a machine, a mere material organism out of repair—what is this but to reduce science to handicraft and rob your mission of its moral glory? In fact, as you know better than I, it is impossible in practice to ignore man's double nature. Even the materialist must minister to a mind diseased in order that he may restore the healthful exercise of physical functions. Gentlemen, it is not for those alone who have official care of souls to contemplate man as the heir of immortality. This thought should accompany and solemnize the physician's labors from the period of embryonic life to the expiring breath of senility. It should exercise a sanctifying influence on his own life and it ought to impel him to utter many a warning, breathe many a whisper of consolation and proclaim many a lesson of righteousness to the sons and daughters of suffering humanity with whom he comes into such intimate contact in the most impressible periods of their existence.

Gentlemen, regard yourselves as nothing less than agents of that living, loving, personal God who stands behind law and presides over all events. Jenner was known to have said "I am not surprised that men are not thankful to me but I wonder that they are not grateful to God for the good which He has made me the instrument of conveying to my fellow creatures." This great man possessed the true idea and you will be happier, more skillful, more successful the more profoundly you accept this sublime truth.

But I shall not prolong my remarks. As one who warmly appreciates your prosperity I wish you God speed.

You go forth upon the discharge of duty under circumstances of great interest. We are living in momentous times. The great world problems are being advanced toward ultimate solution. Your profession has no inconsiderable part to play in the mighty drama. As individuals you go forth to an exhausting and laborious career. Shortening the term of your natural life that you may prolong other lives, subject as scarcely anyone else to the demands and often caprices of others, too little appreciated, too easily forgotten, you must look for your highest reward in the consciousness of self-approval and the favor of Him who ever perceives and always rewards fidelity. You go forth to possible martyrdom. Not twelve months have rolled away since these lips uttered the solemn words "earth to earth, ashes to ashes, dust to dust" over the grave of a beloved physician whose sun went down at high noon through disease contracted in the heroic discharge of professional duty and I weep to think how many years of serene old age that choice and excellent spirit surrendered that he might not be unfaithful to the sick and the suffering.

Such men are true martyrs. Dear friends, Heaven's best benedictions be on you as you go forth to win gray hairs by hard toil, to court premature old age and earn, it may be, an early grave for the sake of humanity. God will not forget your work and labor of love. As a minister of His Church, I invoke upon you the blessings of Him who when He was incarnate went about healing all manner of diseases.

The blessings of God the Father, the Son and the Holy Ghost be upon you now and evermore. Amen.

MENTAL CULTURE.

BY H. F. BIGGAR, A. B., M. D.

[The President's Address before the Hahnemannian Society of the Cleveland Homœopathic Hospital College, February 11th, 1873.]

Each member of our society has a history and this anniversary occasion leaves in its wake, year after year, the succession of epoch to epoch. If you were physicians merely, if the object of your existence and the design of your education were only to run in the narrow gauge of simple professional action, if your duties of life were wholly comprised in the performance of such labor, without bringing the rules and principles of living to harmonize with your work, then you would scarcely be the producers of history, the restriction of the elements within you would be nothing more than a formula on the recording page to illustrate one particular phase of living without the completeness of life, nothing more than the constant turning of one force-giving wheel in machinery without the adjunctive apparatus to give perfectness to execution.

Not then as a society of professionals, not as a class of physicians, not as a body of men pursuing one particular train of ideas, running in the groove of a single study, are you moving, day by day and year by year, into the struggles of active life, gradually thickening with stolid realities. Not as such, at least, should you consider yourselves ready either to take the best advantage of the good fortune which may cheer and brighten your path, or to combat the difficulties which will inevitably beset your course, and by proceeding with contracted habits of mental action, rest assured, you will meet the conflicts of the world without sufficient armor.

The true groundwork of all professional accomplishments and particularly the really staunch foundation upon which to erect substantial acquirements in the sphere of medicine is the exercise of thought. You must think; you are thinking individuals. Listen then to the calls that surround you to put your thoughts in action. Your own experience, your past acts, your most trivial conversations, your every day observations and your future hopes all ask you to think. "Thinking nurseth thinking; thought engenders thought."

You cannot fathom your mind. There is a well of thought there that has no bottom. The more you draw from it the more clear and fruitful will it be. At first your ideas may come out in lumps, homely and shapeless, but no matter ; time and perseverance will arrange and polish them till they become like diamonds of enormous size.

"Thoughts are eternal; when uttered they vibrate through all time. Not a prayer is lisped that its record is not to be found stamped on the laws of nature by the indelible seal of the Almighty will. The key to every man is his thought. Sturdy and defying though he look, it is the helm which he obeys."
Do not be afraid of meeting the epithet of "not practical."

Thought leads to observation and] observation again produces thought. Observation engenders close discernment and close discernment fine and quick perception. Are these the qualities which detract from the practical? or mystify the useful knowledge of routine? They elevate the dignity of the mind and exalt the nobility of scholarship. They embellish and adorn with beauty the knowledge of the practical and aid and advance with originality the study and investigation of the settled pages of learning. They are refined into creative thought and creative thought, brightened with the light of inspiration, dispels obscurities from the intellect and touched with the fire of genius reveals the hidden sources of science.

Habits of thinking and the cultivation of the power of thought, it is true, lead the mind into a diversity of channels and betray the attention to the consideration of more than the strict practical question of business pursuits and professional exigencies. But that is the very reason of the advantage of the custom of thought. It affords a larger expansion to the mind and a wider comprehension to the intellect, by which the reasoning faculties when concentrated can act with far superior power in any practical emergency. It directs the mind to search after an extended acquisition of knowledge and general information. It will open up before you rich mines of scholastic lore abounding in expositions of the nature of man, yielding in abundance the experiences of history and brilliant with gems of the past ages. And it will train you to contemplate in earnestness the full power and repleteness of nature and the force and bearing it has in expounding the important and interesting questions of ethics and philosophy.

Everything which improves you has its just effect upon your surroundings, both in your business and social relationship with others. Progress, either moral or intellectual, has an active principle within it, an element of motion and improvement. Hence its power for good. It is a living force, never at rest, ever advancing, insinuating itself into the thoughts and minds of others, blending with their habits and feelings, smoothing the rough places and leading or checking their actions.

The cultivation of intellectual habits and pursuits will lead you not only to fathom the depths of the various regions of science in your eager seeking after truth, will lead you not only to analyze the formations and laws of worlds and systems in your earnest search for knowledge, will lead you not only to make your own and subserve to the uses of your own day the laws and revolutions of races and the experience of centuries, which you can possess by the supremacy the power of reasoning has given, but also this intellectual progress will draw you to the blooming fields of literature, shining in the sunlight of the classic minds of ages and beautiful with the fresh flowers of talent made immortal by the dew of inspiration and irradiating bright gleams of joy to all who approach and appropriate their sweet fragrance. This intellectual progress will attend you through the Elysian plains until you are admitted within the portals of the city of culture.

How comprehensive is the application of culture! It exhibits itself in so many ways! We notice it in one's daily walk and conversation. Hence its vast importance. We see it in individual habits and manners, in the language, in every word, in every act. It is generally apparent to a discerning judge and it is difficult to make the assumption of imposition. There will always be some deficiency in the background betraying the impostor. What a meaning is comprised in this word "culture." To cultivate the soil until it is prepared for crops, to tend the herbage until it becomes the freshness of nature, to train the vine until it envelopes the arbor—this is culture. So also to improve the good qualities of the mind, to nourish the right promptings of the heart, to cherish the cheerfulness of content, to cultivate virtue, patience, kindness and truth and the feelings of honor—this is culture. From this we judge of persons. We look for culture in the glance of the eye, in the tone of conversation, in the language, in the expression of face and in the general demeanor and conduct. From such observations are the conclusions formed whether the individual is the proper person to make a friend and associate in social life, whether the individual is sufficiently a person of judgment and sense, a person of perception and a person of honesty and integrity to trust in business affairs. Whether the individual possesses that professional skill, that kindness of heart, that patience and truth to be admitted to exercise his calling at the side of the family sick bed. So we continually look for culture in those we meet, culture of the qualities of the heart and culture of the faculties of the mind.

Culture is not something beyond the reach of ordinary and mediocre persons, it is not an *ignis fatuus* to defy a perpetual search nor a will-o'-the-wisp that flits ere we grasp it. It is the result of labor, practice, patience, the child of observation and attention.

In the attainment of knowledge and the acquisition of medical learning books and colleges perform an important and prominent part. During your membership in this society they have occupied your various attention and engrossed your earnest thought. In leaving, however, this scene of labor, your reading and studies are not at an end. Books and colleges teach the elements. They lay the foundation both for practice and learning. When you present yourselves to the world as practitioners continue the cultivation of medical knowledge, pursue the reading of all the published journals of science and medicine and let not that reading be of one particular class, of one favored system or of the school to which you adhere. Carry not away with you from this college the cloak of bigotry. Be above that. Bigotry contains not an element of either nobility or dignity. Be candid and firm in your conviction, be fair in your judgment.

Keep yourselves thoroughly informed on all the new questions of doctrine and practice. This you can honestly do, this it is your duty to do, yet keeping steadfast in the faith and having ever before you as your motto and guiding star *similia similibus curantur*.

You are going forth from this society to act in a new sphere, to practice your profession as physicians. You enter upon an untried field of labor. There lie before you opportunities to do great good and extend to your fellow beings rich beneficence.

There lies before you a harvest where you can reap bountifully of honor and the consciousness of right. Let duty be ever present in your thoughts and ever exemplified in your actions.

While the past session has been one of profit and pleasure in our relations both in studious engagements and social intercourse, it must be sadly present in the recollection of all that two of your number have been taken by the hand of death. Lately in your midst, enjoying in concert with you the interchange of thought and the pleasing intercourse of mind, full of hope and promise, you have now to mourn their loss. This is a remembrance full of sorrow and melancholy. Their places are left vacant not only in your meetings and engagements but mournfully vacant in your hearts. Yet they will live in your memory and thoughts of their friendship will be vividly cherished in the years to come. Sorrowing over their departure, lamenting their absence, knit together as you were by the ties of student-kindred, made so dear by the close communion of intellect, you will nourish their memories in the most tender recesses of your hearts; and throughout your future labors, in the enjoyment of your now anticipated pleasures and in the fulfillment of all of what your lives have given promise, in arduous toil and pleasing pastime, they will still hold their places and continue to live in your friendship and affections.

You are now about to separate yourselves from this college and in different parts of the land enter the lists in the contest for high places in the ranks of your profession. But think not that you have entirely and forever severed your connection with our college and society. Once a member, while you practice and advocate the principles it has promulgated and presented in its teachings you will always continue an integral part of its being and membership. You have graduated—but your degree only the more firmly, securely and permanently binds you in bonds of faith, truth and love to be constant, earnest, faithful and true. You will not labor unnoticed in whatever part of the Union or in whatever land you may deem it prudent to cast your lot. The officers and members of this college do not now part with their interest in you or the course you may pursue and the success you may meet in your future practice. They have an anxious care and deep solicitude for your welfare and prosperity, they will be ever watchful over your professional workings and always proud to rejoice over your acquisition of medical honors. On your part it is incumbent to guard with every propriety as well as with energy and talent the fame and reputation of your college. Its honor and good name rest in your hands and its future fame depends greatly upon your accomplishments and ability. It is to be hoped and is trustfully and anxiously expected that you will meet with a full share of success and professional renown. Have a care then to make yourselves worthy sons and daughters of this college and by your attention, industry and skill advance yourselves in your new sphere and reflect credit and distinction upon your *alma mater*.

THE IDEAL PHYSICIAN.

BY O. W. LOUNSBURY, M. D.

[Valedictory Address Delivered at the Commencement Exercises of the Hahnemannian Society of the Cleveland Homœopathic Hospital College, February 11th, 1873.]

The artist Correggio, when young, saw a painting by Raphael. Long and ardently did the thoughtful boy gaze on that picture. His soul drank in its beauty as flowers drink moisture from the mist. He waked to the consciousness of artistic power. Burning with the enthusiasm of enkindled genius, the blood rushing to his brow and the fire flashing in his eyes, he exclaimed "I also am a painter !" That conviction carried him through his initial studies ; it blended the colors on his palette; it guided his pencil; it shone on his canvas until the glorious Titian, on witnessing his productions, exclaimed "Were I not Titian I would wish to be Correggio."

So, fellow students, would I have you gaze upon the character of a true medical man until you catch his inspiration, burn with his enthusiasm and seek to emulate his virtues. Permit me, then, in this parting word, to place before you some of the elements which go to make up my ideal of a true physician. If, perchance, it may lead any one of you to a higher standard of attainment in your profession, I shall feel amply rewarded.

The characteristics of the true physician are earnestness, honesty, thoughtfulness and piety.

Be earnest. The enemy against which you wage warfare is hydraheaded, is insidious and ready to attack every vulnerable point. Be on the alert to skillfully ward off his attacks and when, perchance, the victim lies quivering beneath his power, come in with your noble art of healing and destroy the disease by the magic influence of the God-given agencies at command. To do this and to do it well presupposes a thorough course of discipline, a fair knowledge of the human citadel—the avenues through which it is assailed no less than the armory by which to vanquish the foe.

Your warfare, remember, must be aggressive. The enemy has possession of the field and disputes every inch of territory so that to succeed you must be terribly in earnest. He holds human life in peril. It may be yours by earnest endeavor and appropriate medication to rescue that life from the jaws of death. What a noble calling! How should it not enlist all the earnestness and zeal we possess when upon our ministrations depend so much of human weal, such great alleviations of human suffering and woe! Who but the earnest man deserves success? He may and probably will suffer discouraging experiences, feel the chilling influence of keen ingratitude from those whom he has rescued by the blessing of God from peril, aye, from death itself; yet his earnestness fires him with new zeal, keeps his heart aglow with a love for his profession and sends him through sunshine and darkness, rain and sleet, heat and cold, on errands of mercy, even to the ungrateful. Though his reward be not gold or even gratitude, he has a higher, nobler reward—the reward of an approving conscience.

The true physician will be honest; not simply in the sense of despising theft or of giving to others their pecuniary due but in the higher sense of being honest in his convictions, honest in the expressions of his judgment, honest toward his patients, honest toward the fraternity at large. Honesty pays in the long run. Dollars and cents may not be its reward, custom even may not throng your office as it does your neighbor's, nevertheless an unsullied conscience, even with an empty purse, is a rich reward. It is said "The religious tradesman complains that his honesty is a hindrance to his success, that the tide of custom pours into the doors of his less scrupulous neighbors in the same street while he himself waits for hours idle." My brother, do you think that God is going to reward honor, integrity, highmindedness with this world's coin? Do you fancy that He will pay spiritual excellence with plenty of custom? Now consider the price that man has paid for his success. Perhaps mental degradation and inward dishonor. His advertisements are all deceptive, his treatment of his workmen tyrannical, his cheap prices made possible by inferior articles. Sow that man's seed and you will reap that man's harvest. Cheat, lie, advertise, be unscrupulous in your assertions—custom will come to you. But if the price is too dear let him have his harvest and take yours. Yours is a clear conscience, a pure mind, rectitude within and without. Will you part with that for his?

The honest physician will never deceive his patient nor represent his ailment as a terrible malady which but for his timely arrival and skillful treatment would have proved speedily fatal, simply to trumpet abroad his own skill and to establish fame. Neither will he, on the other hand, for mere paltry gain dally with the disease of his patient, pretending to fight but only throwing out random shots in order to give the disease time to acquire a deeper hold and so create a golden opportunity to minister to his greed and pelf.

At the bedside the true physician will be honest. Here what precious interests cluster around an hour, a moment even! A human soul is hanging by a mere thread to life and that thread exceedingly brittle. That soul has not yet squared accounts with God through Christ. The whole moral interests of that sick, dying man are at issue on this moment. Shall he be apprised of his danger in season so that being forewarned he may be forearmed or shall the physician lull him into a sense of fatal security and so die as dies the wicked man, without hope, without God?

This question will doubtless come home practically to every one of you. You will many times be forced to face the "grim monster" as well as to be haunted by his ghostly shadow, for you will not always do your work so well as to effectually stay his progress. Let me counsel you to so order your professional life in an earnest discharge of duty that, though you may not avert the death of your patient, you may cherish the sweet solace of honesty tempered with discretion.

While the true physician should be of a hopeful spirit he should be chary of his promises to cure. It is well, when it can be done with prudence, to cheer the heart of the patient with all the emotion which hope may inspire. Hope is often better than medicine to the sick. The poet says:

"Hope of all passions most befriends us here;
Joy has her tears and transport has her death;
Hope, like a cordial, innocent though strong
Man's heart at once inspirits and serenes.
Nor makes him pay his wisdom for his joys."

The physician should possess a cheerful spirit. By this I do not mean a spirit of levity but of pure cheerfulness, which makes the person who exercises it happy and renders him acceptable to all he meets, which makes homeliness graceful and winning, which promotes health and gives clearness and vigor to the mind. "It is the genial sunshine of the heart in contrast with the clouds and gloom of melancholy." Cultivate, then, each one of you, a hopeful, cheerful disposition, let it shine forth in all your life, in the happy smile, the cheerful voice, in your general demeanor. So shall your very presence minister to the relief of your patient and you will merit the flattering compliment, "Doctor, I am always better when you are here; your very presence does me good."

True physicians will be honest toward their professional brethren. The golden maxim "Do unto others as you would that they should do unto you" should be engraven on the very tablets of their hearts. Actuated by this priceless precept, no strife, no bickerings can follow and the physician stands out a man among his peers; no violations of professional courtesy will ever be adroitly effected. The golden rule will render every medical man a gentleman. "A gentleman," says bishop Doane, "is a *gentle* man—no more, no less; a diamond polished that was a diamond in the rough; a gentleman is courteous; a gentleman is generous; a gentleman is slow to take offense as being one that never gives it; a gentleman is slow to surmise evil as being one that never thinks it; a gentleman goes armed only in consciousness of right; a gentleman subjects his appetites; a gentleman refines his tastes; a gentleman subdues his feelings; a gentleman controls his speech; and, finally, a gentleman deems every one better than himself."

Thoughtfulness should likewise enter into the character of a true medical man to give it rotundity and completeness. The infirmities of mankind are multiplied and complex. Often, very often will you be confronted with familiar diseases assuming strange and peculiar phases. Even simple diseases may, from external influences or from inherent conditions, assume a malignant form. New diseases may from time to time arise and spread with alarming rapidity through whole communities, leaving here and there the evidences of their fatal ravages. How shall the physician combat successfully these untoward calamities without he be a patient, thoughtful, reflecting man? All practitioners are not endowed with special genius in medicine; all are not blessed with a coveted intuition whereby a simple sight of the patient will at once reveal the malady and its remedy. No, the most eminent stars in the profession have become such only by patient, diligent, persevering, often painful and fatiguing thought and research.

Questions which so intimately concern the life and welfare of our fellows, questions which involve so much the happiness or misery of the public may well demand that the physician bring to bear upon their solution all the best energies of his mind.

Every disease demands a separate and thoughtful investigation and the adaptation of remedial agencies to its cure challenges the exercise of his clearest intellectual powers. Our materia medica is far from being perfect, the demands upon the profession for careful discovery were never more imperative. Let every one of us be in our sphere "a producer, never a professional shirk."

Dr. Ludlum once remarked "There are no two cases of disease which are in all respects exactly alike. To remedy such an endless variety of morbid action requires an unremitting exercise of intellect on the part of the physician in order to properly adapt his curative resources to the needs of each individual patient. He must do his own thinking. A jury may defer to the judge, as patriots too often do to the politician, but I charge you, gentlemen, not to perform this function by proxy. Think for yourselves. 'Lay the patient file to shackles that hold the wings of thought' and ascertain if it is not possible greatly to lighten the chain which is weighing your neighbor to the earth. You should examine every example of disease as if it were essentially different from all those which you have before seen and labor to anticipate and to antidote its modifications by the most approved means at command. The *ipse dixit* of a professional brother, no matter how celebrated, should be placed on trial before the court of your own judgment. Analyze your cases and analyze your gathered experience also. Compare your observations with those of others and distil the reflections growing out of such comparisons in the alembic of your minds."

Finally, to my mind the character of a true medical man is never complete without the element of piety. The physician by virtue of his profession is ever with the sick, his ministrations are ever to the sick, his patients look up to him confidingly, trusting to his skill, relying upon his medical knowledge and experience. This confidence gives him an influence over the mind and heart of his patient unsurpassed, gives him the power if, indeed, he be possessed of the grace of piety to guide that confiding soul to belief and trust in an All-wise Physician for the healing of the diseases of his moral nature, which power may enable him to "save a soul from death and hide a multitude of sins."

To the College Faculty:—It is with feeling of profound regret we speak parting words to our instructors. The interest you have manifested in our advancement, the toil and labor spent in our behalf will never be forgotten. The debt of gratitude we owe we can only hope to pay by cherishing an affectionate remembrance of your abiding interest in our welfare and by patient, determined effort to emulate your example. In parting we can but feebly express the earnest desire of our hearts for the future prosperity of our *alma mater.* With hearts full of thankful emotions we bid you farewell.

Classmates :—The ties which have bound us together as medical students are soon to be severed. Our pleasant college days we must now exchange for the serious responsibilities, the persistent study and the arduous toil of a physician's life. The many pleasant experiences of student life we shall treasure up in memory with sacred regard. The new acquaintances which have ripened into strong attachments and friendships let us ever cherish with the fervency of love. Though we would joyfully linger where we have spent so many precious seasons yet we cheerfully accept the onerous duties of our profession. As we go to meet the varied trials of an earnest life, may our conduct be such as to render our influence in society an element of strength. Let us ever stand before the world as teachers of virtue. With sincere wishes for your success we bid you each and all an affectionate farewell.

New York is to have a large hospital for homœopathic treatment and to be named after our illustrious Hahnemann. We congratulate our New York friends on their growth in homœopathy and hope the leaven may extend rapidly to all the other cities of the world supplanting the gross materialism of "regular" medicine with the rational force of similars.

CHRONIC METRITIS.

[A Thesis read before the Homœopathic Medical Society of Ohio.]

BY MRS. E. J. HOWARD, M. D.

To attempt to write an essay upon a subject embraced by gynecology which shall briefly and concisely convey positive, available knowledge and instruction will be almost an impossibility, for our recent literature of this specialty is so wide-branching that any attempt to condense it will meet with little success. I shall therefore limit my remarks to the important subject of chronic metritis, which may be called the opprobrium of the gynecologist.

We are to understand by the term chronic metritis inflammation of the parenchymatous structure of the uterine walls. Klob says inflammation of the substance of the uterus is one of the rarest conditions with which this organ is affected and even some uterine pathologists doubt the existence of such a disease. But Thomas says it is by no means an infrequent condition and that a large number of the pronounced incurable diseases undoubtedly are cases of chronic metritis, undiscovered because of the obscurity of local pathological modifications. Many times a speculum examination discloses a cervex uteri appearing perfectly normal, smooth and nucleous and of its healthful, pale flesh color and the os smooth and circular and no local change apparent to account for the excessive dysmenorrhœa, menorrhagia and the profound sympathetic condition, all of which are the almost pathognomonic indications of this insidious disease.

To treat the subject under consideration systematically, we will first give the diagnosis, follow in the causes, treatment (local and general) and then prognosis. The history of each case is of course modified greatly by the cause of the condition but usually this disease is of slow development.

Dysmenorrhœa, at first slight, progressively increasing to such severity as to be almost fearful. The pain preceding the menstrual flow for [several days but for months and years gradually at each menstrual epoch becoming more and more intense and prolonged until there is scarcely any freedom from the intolerable physical suffering, of course reaching the acme just previous to and during the first two or three days of menstruation. The flow is generally profuse, menorrhagic and many times in the form of large coagula and lasting usually from a week to ten days or even longer. The normal congestion incident upon ovulation producing in a marked degree aggravation of all the sympathetic conditions, pain, tenderness in the hypogastric and whole pelvic region. Cephalalgia and spinal irritations, all the usual concomitants are increased greatly. Usually in these cases the cerebral and spinal sympathy is most strongly marked, the vegetative functions being less disturbed, cephalalgia being intense and the tenderness over the spinal tract extreme. Palpation and digital examination show an extreme degree of tenderness in the hypogastric region and upon every available point of pressure that can be made upon the uterus, a speculum examination to the uninstructed observer disclosing nothing to account for the profound depression and fearful array of symptoms but the sound at once tells the story. Let it be carried as carefully as possible to the fundus, and it will require tender and patient care to accomplish this, for the canal is narrowed exceedingly by the infiltrated condition of the parenchyma and yet with the utmost care the pain will be excruciating, so tender and sensitive is the organ. There is scarcely ever any leucorrheal discharge in a case of true chronic metritis, for if any discharge we then have an endometritic complication, which condition is much more common alone than the one under consideration. The pathological condition I will not attempt to elucidate, it having never been my special opportunity to make any such investigation and the pathological and histological researches have been very meagre from the fact that patients who suffer from this disease rarely die of it but are carried off by some intercurrent disorder and the opportunity for a *post mortem* examination of the morbid condition is usually a thing not attainable. Even Klob says, considering the small number of semi-authenticated *post mortem* cases he must pronounce upon it with some reservation; but Thomas says: "Most pathologists agree in the assertion that the affection consists in congestion of the parenchyma, which is followed by an effusion of liquor-sanguinis into its tissue. Duparcque maintains that the muscular fibers are separated by a fibro-albuminous material which may be forced out by pressure or scratching and that it is this material which, subsequently contracting, strangulates the vessels it surrounds and produces atrophy." Scanzoni declares that there is a hypertrophy of the cellular tissue which results from organization of the material effused and this view is adopted by Klob and others of the German school.

The causes for this condition are somewhat obscure, beginning so gradually and progressing so slowly, for the history of these cases is that for years the pain at each menstrual epoch has increased until "Now I am never free from pain." So that I am inclined to put down as one or the prime cause, cold or imprudent exposure early after the establishment of the menstrual function. Then as the next most frequent cause, occurring after the re-productive functions are called into activity (though my experience inclines me to the opinion that chronic metritis is of more frequent occurrence in the unmarried, or at least in the sterile woman and here the undoubted cause of sterility, and greatly aggravated when the patient is sustaining the marital relation) but after the establishment of maternity abortions and subinvolution, the next most frequent cause. Endometritis and displacements of course may and do frequently induce a chronic metritis, or *vice versa,* but to keep the morbid condition under consideration clearly before us we will treat of it without any complication.

The treatment of this disease, while it promises very little unless the chief element, time, is made the great consideration, I cannot but view with more favor than do most of our allopathic authorities upon these subjects, giving our special medication more credit than do they theirs. Time, rest, general regimen, local use of the tents, alterative and emollient applications combined with close study of each special case and a careful selection from our materia medica.

Time being the first element it is well to say so frankly to the patient. "One year, maybe two, you will have to be under treatment," and generally this very frankness inspires the greater confidence and when the years of suffering past are compared with the prospect of relief in one year or two they grasp the hope as almost a perfect assurance. Rest, of course, does not mean absolute quietude, for as these cases are tedious it would be manifestly to the disadvantage of the patients to keep them in doors or reclining upon a sofa. So rest, comparatively speaking, is all that is meant and all exercise that can be borne without producing serious aggravation and an out-door life that shall not involve any great amount of physical exercise. A physiological mode of dress, utter and absolute abandonment of the corset, clothes supported from the shoulders and no superfluity of garments, let them be as light in weight as is consistent with comfort and so loosely worn that there shall be no ligation or discomfort.

Diet plain and of the most nutritious quality, as there is almost always anemia, and the most liberal and thorough hygiene is to be established in every respect and all the functions watched closely that they shall be performed easily and established naturally.

As to local treatment, I have found copious tepid water injections every day (using the fountain syringe, as it is an object to avoid everything that shall trouble or fatigue our patients) with occasional sitz baths to give relief from pain and the use of the tents just midway between each menstrual period. Begin the use of the tents with the smallest size laminaria gradually increasing in size and after a day or two inserting the sponge tent instead, until there is a perfect dilation, this usually taking three and sometimes four days, then injecting into the uterine cavity the tincture of iodine. If the dilation is perfect there can be a free use of the iodine, for the patulous condition of the canal will allow of its ready exit. At the beginning of treatment, the tenderness of the uterine tissues being so extreme, the pain so intense and the general sympathy so great that the use of the tents may have to be discontinued for the time, using, however, the iodine as thoroughly as possible and allowing the acute inflammation to subside. Then repeat the use of the tents midway between the next menstrual periods. I have found in my practice each successive use of the tents and application of the iodine has been attended with less and less pain and each mestrual epoch with less dysmenorrhea and menorrhagia. With this local treatment I combine such homœopathic medication as is indicated by the totality of the concomitant symptoms. Each case has, of course, its special type or modification, so each case involves a special study and selection. I have found most useful in my practice argentum nitricum, secale cornutum, sepia, ignatia, mercurius protiodide, belladonna, gelsemium and sanguinaria canadensis. As to the prognosis I have already given it. While I by no means regard it as hopeless it requires such absolute co-operation on the part of the patient with the physician that it may be regarded still as one of the doubtfully curable diseases in the gynecologist's practice.

HYGIENE.

BY H. B. VAN NORMAN, M. D.

The subject of hygiene may seem a little out of place in a medical journal but when we remember that homœopathy is educating the people up to a higher medical standard and that it is very much advanced by proper hygienic rules and regulations in the sick room, as well as in our homes, we will not wonder at introducing a department the object of which shall be first to learn, then to teach our friends the very important art of how not to be sick.

The most important subject perhaps for the present paper, considering the season of the year, is the subject of

COLD.

Cold, or the absence of heat, is one of the most powerful depressing agents to the vital forces known and is a very fruitful source of disease and death. It may be observed that whenever the temperature of the atmosphere is suddenly reduced below the freezing point there are many sudden colds taken, especially among the feeble of all ages, and as a consequence we have more sickness and death. The very old and the very young are the most affected by these sudden changes. The extremities, as the fingers and toes, are the first to be affected by the cold, where the circulation is the feeblest.

The temperature of the internal organs of the human body is about 98° and whenever the air or any other medium in which the body is immersed is of such a temperature as to abstract from the body its natural heat more rapidly than it is possible for the system to generate it then there is a sensation of cold produced. Now the intensity of this sensation will always be in exact proportion to the rapidity with which the heat of the body is lost in the surrounding medium, whether it be in air or water, and also to the strength or feebleness of the heat generating powers of the system. When the heat of the body is expended faster than it is generated within itself the whole body or the part thus exposed becomes more or less inactive and a sedative influence is produced in the part or organ or, it may be, the whole body is benumbed by its influence. Under its influence the skin becomes shrunken and dry. It diminishes the action of the heart and arteries, as is evinced by the smallness and weakness and slowness of the pulse. Parts of the body most remote from the heart are the first to be afflicted, then the surface of the body and subsequently the action of the internal organs is diminished.

It is by this sedative power over the brain and nervous system caused by intense cold that the almost irresistible inclination to deep sleep is produced in persons exposed for a length of time to a very low degree of temperature.

Were we to enumerate all the diseases to which cold gives rise we would give a list of nearly all the maladies to which the human body is subject in our variable climate.

HOW COLD IS TAKEN.

There are certain circumstances in the constitution itself which render it extremely liable to be afflicted with colds. By weakness and diminished vigor of the constitution occasioned by previous sickness, by intense care or study, by intemperance in living or drunkenness, by fatigue and exposure to long and tedious storms, by getting the feet or any part of the body wet or damp, by sleeping in a damp room or bed or in a room with damp clothes, by sitting or sleeping in a current of air or going from a warm room into the cold air unprotected or sitting or standing until the body is chilly after being warmed up and in a perspiration.

The fair votaries of fashion, pleasure and dissipation often fall a sacrifice to their follies and hence the sorrow for many a lovely youth who, on leaving the dance, receives the chilling blasts of a winter's night—and it too often proves to be the call to an early tomb. Changing the clothing of the body (leaving off a woolen wrapper, for instance, or changing woolen stockings for cotton) is a fruitful cause of cold taking.

Indigestion is a common cause. The digestive organs being weakened so as to injure the health and derange their natural condition, an unusual and unnatural heat or congestion pervades the whole digestive tract and this congestion ascends to the throat, face, head and surface of the skin. Now let a cold wind suddenly strike the face or the person suddenly go into a very cold atmosphere poorly protected and this heated blood recedes from the surface of the skin to the mucous membrane of the nose and throat, thickening it and causing cold in the head or inflammation of the throat in the form of diptheria or tonsilitis or some of the other forms of throat and head difficulties. The system being in a debilitated condition already and lacking that vitality necessary to throw off disease easily, the individual is prostrated by disease which it takes him weeks to get rid of. In these extreme cases one cold follows another until the constitution is undermined, there being but little rallying power left, and the person dies with consumption.

Persons who use stimulants, highly seasoned food or are excessive meat eaters are more liable to take cold and less easy to cure of it than the temperate and hygienic liver. This is owing to the blood of the former being more inflammable and more liable to sudden colds and inflammatory diseases of every kind.

The circumstances which enable the human body to resist the morbific effects of cold are, first, a good, vigorous constitution with proper food and clothing; second, exercise; third, an active mind; and fourth, being occupied by some exciting passion.

RELATIONS OF DYNAMIZED DRUGS TO BROKEN GLASSWARE.

BY J. C. SANDERS, M. D.

In the early part of my homœopathic experience, while yet a student in the new faith, a lady called to consult my preceptor in behalf of a sick child. He was not in, so I volunteered a prescription, giving of course two remedies, as most tyros do, and requesting her to call again and report results unless the child recovered promptly.

The next day she called again but did not seem to recognize me and inquired rather sharply for the old doctor. He soon came in and was consulted by her privately. After she left the doctor addressed me as follows: "Did you recognize that lady?" I answered "I did." He replied "She is afraid of you and your prescriptions." I asked him "Why?" He answered "She says the prescription you gave her yesterday broke two of her best cut glass goblets, splitting them right through vertically into nearly equal halves" and she added that she was afraid to give any more such medicine in her family.

Within a few months subsequently the same result followed a prescription in which two solid glass tumblers were broken and broken in precisely the same way—by a vertical section almost entirely through the glasses. And since then, within the period now of twelve years, I have had the same results follow my prescriptions a score of times.

Curious to know whether other homœopathists had experienced a similar thing I inquired of our oldest practitioner in the city, now gone to his rest, who assured me it was a very common experience with him and added that in one family particularly he had broken so much glass in this way that the husband, an ex-governor of our state, used mirthfully to entreat his wife to stop giving the doctor glassware for his little pills but to give him tinware instead and thus save such an appalling breakage and loss.

I have propounded the same inquiry to nearly every experienced homœopath of northern Ohio and with answers similar in the fact of goblet and tumbler breakage by the use of potentized remedies. I am confident that I never knew glass broken by the tincture or the crude drug but only by potencies. I am further confident that this power or effect is not confined to any one remedy or any one potency. I have had glass broken by belladonna 30th, mercurius solubilis 6th and 12th, by pulsatilla 30th and also by colcynth 2d, but never by any potency lower. I am also abundantly assured that this breakage occurred independently of temperature (as extreme heat or cold) or of any other appreciable tangible influence. It was at the beginning and is to this day a profound mystery to my mind beyond the facts and conditions before mentioned.

My curiosity impels me to write upon this subject with the view of determining if possible, first, whether so striking facts are topographical and confined to Cleveland and vicinity; second, whether only dynamized drugs have this power; and, third, whether one drug possesses it above another.

ANOMALOUS COLON.

Case and Autopsy.

BY O. S. RUNNELS, M. D.

Jacob Siler (age 53 years, German, unmarried) has for several weeks been a common laborer on one of the city sewers. Saturday night, August 3d, he was feeling perfectly well but ravenously hungry and took nearly double his usual supper.

August 4th, Sunday, he felt somewhat indisposed; slight pain occasionally in abdomen; daily stool absent.

August 5th.—Increased discomfort in abdomen, frequent and futile calls for defecation; appetite indifferent; took domestic remedies but labored as usual.

August 6th.—Symptoms remain the same; labors part of the morning; then applies to an allopath for medicine; receives a powerful purgative; no stool.

August 7th.—Tries another allopath; jalap heavy; same result; case constantly becoming more aggravated.

In the evening of August 8th I was called to the case. Found the pulse at 85, moderate thirst for small quantities, considerable meteoristic distension; slight tenderness over entire abdomen but no localized pain except a continuous sacral backache. I suspected volvulus and gave nux (3d) and ordered enema.

August 9th.—No change for the better; downward tendency prevails. During this and the succeeding day employed all the means for relief at command, both medicinal and mechanical; results negative. Tympanitis excessive; the diffuse pain in the abdomen finally becomes more intense at a point directly above the pubes; sacral ache constant (has suffered, however, during his whole life from a weak back and a similar backache whenever indisposed). Enemas, both simple and effervescing, were without favorable result. Forcible inflation per anus was persevered in with the patient in varying postures but this was also abortive. In all these trials only a very meager amount of liquid or air could be forced into the rectum.

At my last visit, late Saturday night, finding no relief but moderate and persistent tendency downward, I decided at an early hour of the following day to perform gastrotomy, although there was no emesis of any kind nor had there been from the incipiency of the case.

August 11th, Sunday morning.—Found the patient dead. During the remainder of the night the symptoms had preserved the same type with no marked change for the worse; constant desire and attempt to defecate; pubic pain intensified; considerable thirst; frequent micturition and remarkable manifestation of flatus, almost precluding process of respiration; no emesis. An hour before my arrival, after a futile attempt at stool and a moment spent in standing and walking about the room, while sitting on the edge of the bed he sank back and quietly expired.

THE AUTOPSY

seven hours after death revealed points of unusual interest to the anatomist and pathologist.

The ilio-cœcal valve was found in the left iliac fossa and the course of the colon in a corresponding inverse order—ascending on the left side and descending with sigmoid flexure on the right side. It was at the flexure sigmoida that the difficulty was observed. The colon at the flexure was of unusual length, extending before the reflexion down to a point within an inch and a half of the commencement of the rectum, then in an extended length of at least twenty inches between this point and the rectum it was doubled upon itself, thus forming a free floating duplicate ten inches in length. This duplicate extended upward toward the umbilicus anterior to the smaller intestines and had made one entire revolution from right to left (on its own axis), thus forming at the juncture of colon and rectum (six to eight inches from the anus) a tightly twisted rope. The strangulated portion was gangrenous; other portions normal.

The absence of all anti-peristaltic action, the negative character of the inflammatory phenomena, together with the anatomical anomaly, are points worthy of note.

VOLUMETRIC ANALYSIS.

(*Concluded.*)

Preparation of Normal Solutions.

PREPARATION OF DICINORMAL SOLUTION OF SILVER.

10.8 grammes of pure silver is dissolved in pure nitric acid with gentle heat in a flask into the neck of which a small funnel is dropped to prevent loss of liquid by spirting. When solution is complete the funnel must be washed inside and out with distilled water into the flask and the whole evaporated to dryness to remove free nitric acid. The residue dissolved in distilled water and diluted to one litre (1,000 c. c.) or, what is preferable, 17 grammes of pure and dry recrystallized nitrate of silver is dissolved in one litre of distilled water, 1 c. c. = .005846 gramme NaCl.

STANDARD SOLUTION OF MERCURIC NITRATE FOR ESTIMATION OF CHLORINE.

It is of great importance that the solution be pure for if the mercury from which it is made be contaminated with traces of other metals, such as bismuth, silver or lead, they will produce a cloudiness in the liquid while under titration which may possibly hinder the exact ending of the reaction. Therefore 18.32 grammes of the purest red oxide of mercury or 17.6 grammes of pure metallic mercury (the former is preferable as being easier to weigh and less liable to be impure) is put into a beaker with a sufficiency of pure nitric acid of about 1.20 specific gravity to dissolve them with the accuracy of results. Too great stress cannot be laid upon having this solution free from nitric acid in the uncombined state.

BARYTA SOLUTION.

Before urine can be submitted to titration by the mercurial solution it is necessary to remove the phosphoric acid. The proper agent for this purpose is a mixture composed of one volume of cold saturated solution of pure barytic nitrate and two volumes of ditto barytic hydrate. The same agent is used previous to the estimation of urea and may be simply designated "baryta solution."

Preparation of Standard Solution for determination of Urea.—77.2 grammes of red mercuric oxide or 71.5 grammes of the metal itself is titrated with nitric acid as described in the article on chlorides and in either case diluted to 1,000 c. c. 1 c. c. of the solution is then equal to .01 gramme of urea. The extreme care required to remove traces of foreign metals from the mercury is not so necessary here as in the foregoing instance but no amount of free acid must be present.

TITRATION OF MERCURIAL SOLUTIONS.

Properly speaking, no standard solutions should be used for analysis without being first titrated to ascertain their exact chemical power and to guard against accidental errors. However pure the substances from which they are made may be supposed to be it sometimes happens that the solutions do not strictly bear the proper strength; it may also happen that absolutely pure materials are not at hand, in which case ordinary kinds may sometimes be used if the solutions made from them be tested by experiment. In the present case, should neither pure mercury nor its oxide be obtainable, the commercial metal may be dissolved in nitric acid, the solution boiled to expel all excess of the latter, then set aside that crystals of mercurous nitrate may form. These are carefully separated from the mother liquor by draining in a funnel lightly stuffed with cotton wool, washed with cold water, then dissolved and digested in a small quantity of warm nitric acid diluted to a certain extent with water and a measured portion titrated for the quantity of mercury by the following process devised by Liebig.

The principle of the process depends upon the fact that sodic phosphate precipitates mercuric phosphate from a solution of pernitrate but not from perchloride of that metal; if, therefore, the solution containing the precipitate of mercuric phosphate produced in the first case be treated with a solution of sodic chloride, the precipitate will disappear from the circumstance that mercuric chloride (sublimate) and sodic phosphate are formed, which both remain in solution. Consequently, if the strength of the solution of salt is known the quantity of mercury is easily found, since one equivalent of salt represents one equivalent of mercuric oxide (in form of phosphate). It is necessary, however, that directly as the mercury is precipitated by the sodic phosphate the sodic chloride be added, otherwise the precipitate of phosphate becomes crystalline and is not so readily decomposed by the salt.

The salt solution may be made by dissolving 5.846 grammes NaCl. in 1,000 c. c. distilled water (1 c. c. = .0108 gramme HgO). The solution of sodic phosphate is simply saturated at ordinary temperature.

Process.—Ten c. c. of the mercurial solution, not too concentrated, is measured into a beaker, 4 c. c. of sodic phosphate solution added and the mixture immediately brought under the burette containing the solution of salt, which is added carefully, with constant stirring, until the precipitate just disappears. Suppose that 18.2 c. c. has been required, that number multiplied by .0108 will give .1965 gramme HgO in 10 c. c. solution. But the mercurial solution for the determination of chlorides requires .1842 gramme in the 10 c. c.; therefore by a rule of three calculation 9.3 c. c. of this particular solution must be diluted to 10 c. c. with water to be of the proper strength, or 930 to 1,000 c. c.

The results so obtained are not, however, strictly correct, owing to the fact that a slight excess of salt is always necessary to dissolve the precipitate. If the process be reversed, the same objection applies, since an excess of mercury is necessary to produce a permanent precipitate. The exact point, however, is reached by combining the two methods, for instance:

Method 1. Ten c. c. of mercurial solution with 4 c. c. of sodic phosphate is titrated with salt solution and requires 12.5 c. c.

Method 2. 12.5 c. c. of same salt solution as in first is measured, 4 c. c. of sodic phosphate added and titrated with mercurial solution of which 10.25 is required.

The following calculation will give the true power of the solution:

1. 20 c. c. mercury = 12.5 c. c. salt.
2. 10.25 c. c. mercury = 12.5 c. c. salt.

20.25 c. c. mercury therefore = 25 c. c. salt.

As the strength of the salt solution is known, the quantity of mercury contained in the 20.25 c. c. is easily ascertained by a little calculation.

STANDARD SOLUTIONS FOR THE DETERMINATION OF PHOSPHORIC ACID.

1. Standard solution of sodic phosphate containing 50.4 grammes per 1,000 c. c., each c. c. =.01 gramme P_2O_5.

2. Solution of sodic acetate with free acetic acid to be added to urine in proportion to 5 c. c. to every 50 c. c. prepared by dissolving 100.0 grains of sodic acetate in about 900 c. c. with conconcentrated acetic acid.

3. A solution of yellow potassic prussiate, about 1 part to 20 of water.

4. Standard uranic nitrate containing 40.6 grammes of uranic sesquioxide or 70.99 grammes of uranic nitrate in 1,000 of liquid, each c. c. =.01 gramme P_2O_5. This solution cannot well be prepared by weighing the oxide or nitrate directly and dissolving, owing to the difficulty in obtaining the substances absolutely pure or with definite proportions of water in them, it is therefore necessary to graduate it by testing as follows: 50.4 gramme of pure sodic phosphate is weighed, dissolved in water and the solution made up to 1,000 c. c. Each c. c. of such solution will contain 0,01 grain P_2O_5. The uranium solution of unknown strength is brought into the burette and 10 c. c. of the phosphate solution placed in a beaker together with 5 c. c. of the solution of sodic superacetate. The whole is then diluted to about 60 c. c. with distilled water and heated in the water bath or by a lamp till it is somewhat hotter than it can be borne by the hand. The beaker is then brought under the burette and the uranium solution gradually added, while a distinct precipitate is seen to form. A drop of the mixture is then removed by a glass rod and placed upon a clean white porcelain slab or plate and a very small drop of solution of potassic ferrocyanide brought by the aid of a thin glass rod into the middle of it. If no brown color is produced, the uranium solution must be added drop by drop until a faint indication occurs. The process is then repeated and if the two

trials agree it may be considered that the strength of the solution is defined. The burette is then read off, which we will suppose to be 8.5 c. c., consequently every 8.5 c. c of that particular solution will need the addition of 1.5 c .c. of water to constitute it of such a strength that 1 c. c. will represent .001 gramme P_2O_5. By the aid of a graduated glass jar the whole of the solution may be diluted at once, the quantity of water necessary being readily ascertained on any given measure of uranium solution by a rule of three statement. Thus supposing there is exactly 560 c. c. of solution then 8.5 : 10 :: 560 : x (=659). If, therefore, the solution be diluted up to 659 c. c. the strength will be correct.

CHLORIDE OF BARIUM SOLUTION

for determination of sulphuric acid. A quantity of crystallized baric chloride is to be powdered and dried between folds of blotting paper. Of this 30.5 grammes is dissolved in distilled water and the solution made up to 1,000 c. c. (1 c. c. = .01 grammes So_3). A dilute solution of sodic sulphate is also required.

COPPER SOLUTION

for determination of sugar. 34.64 grammes pure cupric sulphate is dissolved in about 200 c. c. of water. In another vessel 173 gramme of crystallized tartarate of soda and potash (Rochelle salt) is dissolved in 480 c. c. of solution of pure caustic soda of sp. gravity 114. The two solutions are then mixed, well agitated and diluted to 1,000 c. c. 1 c. c. of the solution so prepared represents .005 gramme of grape or diabetic sugar. It must be preserved in the dark and in well stopped full bottles. It should bear heating when diluted with about four or five times its volume of distilled water without any precipitate taking place and should always be submitted to this test before being used. If any does occur it probably arises from the alkali having absorbed carbonic acid. In this case the addition of a little fresh caustic soda solution remedies the evil.

FERROCYANIDE OF POTASSIUM

solution for determination of albumen. 1.309 grammes of potassic ferrocyanide is dissolved and the solution made up to 1,000 c. c. 1 c. c. of this solution precipitates .01 gramme of albumen.

If the sample of urine is insufficient one half or still less may be used than is indicated in the first part of this paper.

If any persons do not care to take the trouble or have not the convenience to prepare the above solutions they will be prepared and sent on application by E. R. Taylor, analytical chemist, 182 Ontario street., Cleveland.

A BILIOUS HUMOR ILLUSTRATED IN THE "SCIENCE OF HEALTH."

BY T. P. WILSON, M. D. (EX-EDITOR OF THE "REPORTER")

Our readers will remember that we gave some months since some illustrations of the peculiar ideas of pathology palmed off upon its unprofesssonal readers by the *Science of Health.* We then stated that a "bilious humor" was a myth, the fancy of an uninstructed brain. To this the *Science of Health* more than demurs, it vehemently and wrathfully protests. It says:

HOMŒOPATHY *vs.* HYGEIO-THERAPY.

"The *Ohio Medical and Surgical Reporter,* published in two large cities, Cincinnati and Cleveland, and edited by three extensive M. Ds., each of whom is a professor in a medical college, comes down on *The Science of Health* like the tail of a comet on Bunker Hill monument. In our October issue we stated that certain affections of the eye are sometimes caused by a bilious humor. We did not explain what a bilious humor is because we supposed that all of our readers and most physicians knew that it is effete biliary elements in the blood. But our worthy brothers of the infinitesimal potency business expatiate on this theme in a style more common to a political campaign than becoming to a scientific discussion. [Here are quoted the remarks we made in the September number.] *The Science of Health* has one peculiar feature which we recommend certain other medical journals to endeavor to imitate—it always knows what it is talking about. And to demonstrate to our respected contemporaries that this pretension is well founded, we will explain this 'mythical' matter of a bilious humor so plainly that the meanest capacity, though a medical editor, need not fail to comprehend it.

"When the liver is torpid or obstructed it fails to purify the blood of the waste matters of the body, which should be excreted in the form of bile. The person is then bilious. He has a bilious humor. After these matters have accumulated so as to thicken the blood and impede the circulation they are expelled more or less through the other excretory organs—the skin, lungs, kidneys and bowels and to some extent through the mucous surfaces. They are also sometimes deposited in the humors of the eye, causing loss of vision, and are frequently a cause of chronic ophthalmia and granular eyelids. On the skin the bilious humor, often manifests itself in the form of tetters, ringworm, blotches scald-head, erysipelatous eruptions etc. and on the mucous membranes in the form of catarrh, 'canker' etc. When this bilous humor affects the eyes lotions, astringents, caustics and other irritants will only make a bad matter worse unless the blood is previously purified and the action of the liver restored. Thousands of eyes have been ruined because this bilious humor was not understood or properly treated.

"There is another thing which *The Science of Health* understands and the REPORTER does not—the 'science of pathology.' We can explain the *essential nature* of *disease*—the basis of all true medical science and the fundamental problem of the true healing art—and this the REPORTER cannot do. If it can, let it and we will publish it to the shame and confusion of our own statement. Until it does this, it had better learn of *The Science of Health*, instead of criticising it on bilous humor or lecturing it on ophthalmology."

We are obliged after all this to own ourselves thoroughly beaten in the controversy. Who could safely deny the existence of bilious humor in the blood after such an exhibition of it as that? It is fearful to think that it can cause such a painful breaking out. When it can so bewitch the pen and "rile" the ink of the editor of a scientific journal what will it not do with the common people? We earnestly hope it may not prove to be a contagious complaint. For our part we are profoundly thankful to be informed that we are in "the infinitesimal potency business." If that means controversy with the editor of *The Science of Health* we do not dispute it. We are doubly thankful to know that the editor of said journal "knows what he is talking about" (albeit it does not appear on the face of what he writes) and no gratitude can exceed ours when we learn that he "can explain the essential nature of disease"—a statement we have to take on trust, having never seen in any of his writings evidences such a fact. But imagine if you can our deep humility when told that we cannot explain "the fundamental problem of the true healing art." Well, who said we could? and who but the egotistical editor of *The Science of Health* and the venders of patent medicines ever pretended to? "The essential nature of disease" is to the wisest an unsolved problem; yet those who hold to the opinion that disease is caused by special providence or by evil spirits or a "bilious humor" make nothing of such a profound question. The foregoing attempted explanation of the editor is simply a bold assumption. His "torpid" and "obstructed" liver is a gratuitous theory of disease and we might just as well say the same of the kidneys or of the intestinal and cutaneous glands. This idea of a "peccant humor in the blood" was the ancient bugbear of primitive medicine. Modern science, with its microscope and chemical tests, has failed to find it. The detrite matters of the system are always found in every tissue of the body and are its natural and legitimate product. An abnormal quantity may be found in connection with a state of disease but that is a result, not a cause of that disease. In many instances of disease that detrite material is actually lessened through an increased excretory action of the various glands. The cinders of the forge, the chips of the workshop and the ashes of the furnace are secondary and subordinate elements to the active and potent agents that produce them. Imagine this wise editor going to Boston after the fire and collecting the motley *debris* of ashes and charred wood and fused stones and showing them to an astonished world as the cause of the great conflagration! Such insanity may be harmless but when such a theory is brought into the domain of pathology it produces incalculable mischief. On such a theory it is easy to explain everything but the explanation is as false and useless as it is easy. The editor asks us to show him a better theory. Until he sees the folly of the system he now holds to it would be idle to enter upon such a discussion; beside, we have used all the space at present at our command. Let him first ponder what we have presented and then, if his optics become clearer and less affected by his bilious humor, we may offer for his consideration more truth.

CLEVELAND HOMŒOPATHIC HOSPITAL.

DESCRIPTION OF THE BUILDING—ADDRESS BY REV. JAMES EELLS, D. D.

The following in reference to the recent re-opening of our hospital we clip from the *Cleveland Herald:*

"The new homœopathic hospital, No. 66 Huron street, was formally opened Tuesday evening, February 4th, and a reception of the friends of the institution was given which was attended by upward of two hundred.

The guests began arriving shortly after seven o'clock and from that on until nearly ten o'clock the time was spent in social conversation and in the enjoyment of an elegant collation prepared by the ladies of Prospect street.

Dr. James Eells, of the Second Presbyterian church, was then called upon for a few remarks, to which he responded substantially as follows :

"I am totally unprepared to make a speech. My situation reminds me of an incident which I witnessed in Greenwood cemetery. I was walking around and studying the various mementoes of affection raised over the last resting place of the dead, when a young woman approached me and said "Sir, can you show me the entrance out of here?" I was to make a speech to encourage the ladies in the great and good work they had so kindly and zealously inaugurated. In philanthropic labor the ladies need no encouragement. They are always ready in every good and benevolent work. All they need is to have the co-operation of the men, they need only substantial means to carry out their projects. I am very much pleased with the appearance of this building ; it is commodious, comfortable and well furnished. Where will we find the friends to endow this hospital? It is always well to give at least a good part of our charities while we live. The poor ye shall always have with you. There are always many suffering who need help and this hospital may be made a great blessing to many, with the skillful treatment and kindness they will receive here. I must once more refer to Greenwood, that beautiful city of the dead. A man was killed, seemingly a poor and friendless man. One bystander seemed to be impressed with a sadness becoming the hour. He stood until the grave was closed, then with a tear deposited a bouquet he had brought for the purpose. I asked him the cause of his grief. He replied, 'That man once helped me when I needed help.' Who would not wish to have his memory cherished on account of the kindness he had bestowed upon some who needed help? It is this purpose, to bless the suffering, that has called us together this evening and our prayers shall be that the object may be accomplished and year by year this hospital continue an increasing blessing."

The building is two stories in height, of frame, about forty by sixty feet and stands on a lot which has a frontage of eighty feet and depth of two hundred and fifty feet, with an additional width at the rear of forty feet to an alley. There are fourteen rooms in the house, seven of which will be occupied exclusively by the patients. There are ample bath rooms, laundry, kitchen, dining and matron's rooms and everything is arranged in a most complete manner and ready for the reception of patients.

It is now some three years since the hospital was founded, through the efforts of the benevolent ladies of Cleveland, for the purpose of furnishing relief for the destitute sick of the city who desired homœopathic treatment. A building was at that time purchased on the Heights and has since been used for the purposes of the hospital. Of late, however, it has been found that it was at too great distance from the part of the city where it was most needed and accordingly the managers began agitating the subject of its removal, which finally ended in the purchase of the present building and grounds.

Communications.

Infants' Food.

I wish to call the attention of the profession to an article of infants' food prepared by Hugo Hensch, chemist, 46 Public Square, Cleveland. For six years I have been accustomed to prescribe the "Nourishing Meal" in all circumstances of disordered digestion in children, from birth to the completion of dentition, where a substitute for the mother's milk was needed. It is a highly nutritious compound while its elements are of the simplest character. Children are surprisingly fond of it and it has in no instance disappointed my expectations in ameliorating the summer complaints and promoting the digestion of children.

G. W. Barnes, M. D.

Acknowledgments.

I take great pleasure in acknowledging the receipt of six volumes of "Transactions of the Homœopathic Medical Society of the State of New York" from Dr. J. T. A. Pohle of Buffalo, New York.

Also a rattlesnake from Dr. G. T. Harding of Caledonia, Ohio.

All donations for either the library or museum of the Homœopathic Hospital college at Cleveland will be thankfully received and acknowledgments of the same made through the Reporter. The name of the donor will be attached to the gift and a record kept in the archives of the institution. Articles thus given may be sent to any member of the faculty at the expense of the institution.

H. B. Van Norman, Librarian and Curator.

Editorial Notes.

American Institute of Homœopathy.

The twenty-sixth annual session of the American Institute of Homœopathy will be held in Cleveland beginning on the 3d of next june. There is much to be done and it is time for every one concerned to begin his work immediately. Our Cleveland friends have begun to make preparations. We hope all the editors of homœopathic journals will be present so that any matters relating to the welfare of the press may receive proper ventilation.

Every member of the profession is expected to collect every circumstance having a bearing upon the subject of phthisis in order that all possible light may be thrown upon what always has been such a dark subject. The causes of the disease are to be specially investigated. Let every one come prepared to add his mite to the knowledge already existing.

Commencement at the Homœopathic Hospital College at Cleveland.

The annual commencement of the Homœopathic Hospital college at Cleveland was held in college hall, Wednesday afternoon, February 12th. The hall was well filled and the exercises, which lasted for about two hours, were of the most interesting character.

The college is in a highly flourishing condition, a fact attested by the large list of graduates, numbering in all about forty.

After prayer by Rev. Henry Baker, the annual address was delivered by Rev. Dr. Bolles, of Boston, which is published in another place in this issue. The degree of M. D. was then conferred upon the following

LIST OF GRADUATES:

Joseph C. Anderson, Ohio.
T. G. Barnhill, Ohio.
G. G. Biggar, Ohio.
Henry E. Beebe, Ohio.
E. W. Bryan, New York.
U. S. Clarke, Wisconsin.
W. D. Clarke, Michigan.
A. E. Elliott, Ontario.
H. A. Fick, A. M., Massachusetts.
Miss J. T. Furlong, Indiana.
A. Gleason, Ohio.
Miss M. L. Greene, Ohio.
G. T. Harding, Ohio.
W. G. Hamilton, Pennsylvania.
N. H. Haviland, M. D., N Y.
Mrs. C. Hickox, Iowa.
O. Q. Jones, Michigan.
H. H. Lyons, Michigan.
O. W. Lounsbury, New York.
Will Murdoch, Ohio.
W. L. McCreary, Ohio.
Miss Kate Parsons, Ohio.
C. F. Park, Ohio.
W. L. Parmenter, Ontario.
T. F. Spittle, Ohio.
M. Stone, Indiana.
L. T. Van Horn, Michigan.
A. E. Watson, Ohio.
R. W. Walters, M. D., Ohio.
Johnson Wright, Pennsylvania.
A. M. Woodruff, Michigan.
D. G. Wilder, B. S., New York.
J. Whitely, Pennsylvania.
C. F. Wagoner, Minnesota.

The *ad eundem* degree was conferred upon Charles B. Currier, M. D., Vermont, and I. B. Massey, M. D., Ohio. The honorary degree was conferred upon Professor A. O. Blair, of Columbus.

After the ceremonies had been concluded the valedictory was delivered by A. O. Blair, M. D., which we also publish in this number.

The following annual prizes were distributed at the close of the exercises: English scholarship prize (one scholarship in college), W. Murdoch.

First Baldwin prize for the best examination (one set of surgical instruments, $25), O. W. Lounsbury.

Second Baldwin prize for second best examination (Hodge's "Science and Art of Obstetrics").

Third Baldwin prize (Hull's "Jahr"), C. H. Wagoner.

Clinical prizes—Best report of clinics, first prize (one scholarship), M. T. Runnells; second (graduation fee, $25), P. M. Cowles; third, Bæhr's "Therapeutics," R. M. Knox; for the best prepared anatomical specimen, (graduation fee), B. F. Connell.

Sanders' obstetric prize (one set of instruments), W. L. McCreary, for best recitation.

THE BANQUET.

On Wednesday evening a grand banquet took place at the Kennard house. At an early hour in the evening the graduates their friends and invited guests began to assemble in the parlor and at nine o'clock repaired to the dining hall, where an elegant supper, prepared in the usual fine style of the Kennard, was served,

The following was the post prandial programme of toasts and responses:

"To the memory of Samuel Hahnemann, the founder and father of homœopathy, and to the memory of the deceased pioneers and veterans of homœopathy." Drunk in silence, standing.

"The president of the United States." Responded to by three cheers.

"Medical associations, the most potent and most beneficial channels for disseminating medical truths." Response by Dr. H. F. Biggar.

"Our medical colleges: foremost in the ranks and the veteran college of the world, our *alma mater*." Response by Dr. N. Schneider.

"Progress and reform." Response by Dr. A. O. Blair.

In certis unitas, in dubiis libertas, in omnibus charitas—the triple links that bind us together." Response by Dr. H. H. Baxter.

"The daily press, the great educator of the past and present." Response for the *Leader* by J. C. Covert, for the *Herald* by C. C. Ruthrauff.

"To the lady patrons and friends of homœopathy:

"Woman: in our hours of ease
Uncertain, coy and hard to please,
As variable as the shade
Like the pale aspen made,
When pain and anguish wring the brow
A ministering angel thou."

Response by Dr. J. C. Sanders.

"The bar, a valuable coadjutator to our fraternity." Response by G. M. Barber, Esq.

"Our graduating class; may its members prove useful to society as well as ornamental to the profession." Responses by W. L. McCreary and J. Whitely.

"Our army and navy; in time of war defenders of our hearths and homes." Response by General Barber.

"To the man who above all others deserves the name of father of the homœopathic school of Ohio, the veteran Professor A. O. Blair of Columbus." Response by Dr. G. J. Jones.

"Our native land:

"Lives there a man with soul so dead
Who never to himself hath said
This is my own, my native land?"

Response by H. H. Lyon, M. D.

The responses for the most part were happy in the extreme, and the utmost good feeling and harmony prevailed throughout the entire evening. The occasion was one long to be remembered with pleasure.

Commencement Exercises of the Hahnemann Society of the Cleveland Homœopathic College.

The annual exercises of this society were held in the large and commodious hall in the new college building on Prospect street on Tuesday evening, February 11th, a very large number being present. After prayer by the Rev. W. E. McLaren, Dr. W. L. McCreary delivered the salutatory address, of which the following is a very brief abstract:

Citizens of Cleveland, Friends and Patrons of Homœopathy:—The Hahnemann society tenders you a most hearty welcome to its annual commencement. Once more in prosperity we are permitted to call you together to enjoy with us the festivities which mark the close of another year. The object of our society has been to better prepare its members for their professional duties hereafter and this year a new feature has been added in the form of semi-monthly literary entertainments. We have made a great stride forward this year in the acquisition of a new residence, so favorably located, an edifice which is an honor to its projectors and in every respect worthy of the object to which it has been dedicated. In behalf of the Hahnemann society of 1873 I am here to bid you a most hearty welcome.

Friends, Faculty and Graduates:—We are glad to see you who are the friends of homœopathy and of us, because by your coming you are expressing a sympathy for the great cause to which we have consecrated our lives. We honor you for the positions you fill so ably and we will ever cherish in our hearts kindly feelings for you. To the graduates we would extend a most hearty welcome. As experienced voyagers upon that great sea upon which we are about to launch ourselves we thank you for coming to see us safely off. In behalf of the society, in the name of the college and of the science of homœopathy itself, whose servants and disciples we all are, we again bid you a most cordial welcome.

The address was greeted with applause and followed by a solo, "The Swallow," sung very beautifully by Miss Fannie M. Smith. This was followed by an encore, which having been responded to, the valedictory address was delivered by O. W. Lounsbury, M. D. "Oh Breathe No More that Simple Air" was sung by Miss M. Stevens, after which was delivered the regular address of the evening by Rev. W. E. McLaren. Both addresses will be found elsewhere in this number.

The degree of M. H. S. was then conferred upon nearly forty successful candidates, after which followed the president's address by H. F. Biggar, M. D., also given in this issue. After the benediction the society adjourned to Halle's hall, where the "wee sma hours" were enlivened by the sound of sweet music and the presence of these who delight to "trip the light fantastic toe."

Homœopathic Literature.

We are pleased to note an increase in the quantity and quality of original homœopathic literature published and that the older journals are not found lagging—in some of them we notice an increase in the number of pages and we hope our physicians will come forward and assist all our journals and make them the pride of medical advancement in the land.

A New Homœopathic Periodical.

We are pleased to notice the advent of a new journal which is called the *Cincinnati Medical Advance* and is edited by the very successful journalist T. P. Wilson, M. D., formerly editor of the REPORTER. This journal claims to take us unawares and makes no apology for doing so, but claims to be "a part of the unaccountable phenomena of the universe" and asks that of all things it shall not be called stupid. We infer that it is to be the organ of the Pulte medical college and if it continues as it has begun, pursuing a middle course between science and medicine, it will certainly be a success.

Acknowledgment and Explanation.

We have to thank the profession for generous support in our editorial duties and hope that it will continue so that we may have every number of our journal as well crowded as the present, much matter being laid over to the next number.

We consider an explanation necessary in this number for appearing so late but new machinery does not always work smoothly and so we ask our patrons to suspend judgment for the present.

Pulte Medical College of Cincinnati.

The first annual exercises of this college took place on Thursday, February 13th, all passing off pleasantly. The following is a list of graduates: J. H. Lucas, R. Dorsey Poole, M. D., H. G.

Linn, E. H. Price, George C. Garretson, L. Judson Hunt, W. E. Green, M. D., H. F. Baker, G. D. Jenney, J. T. Williamson. In the evening a complimentary banquet to the graduating class took place at Brock's hall. We wish our Cincinnati friends and the graduating class all success in the practice of the great law of cure—*similia similibus curantur.*

Annual Commencement of the New York Homœopathic Medical College and New York Ophthalmic Hospital.

The above exercises were held in Association hall, corner of Twenty-third street and Fourth auenue, on Thursday evening, February 27th, at eight o'clock. We have not been favored with a list of graduates.

Personal.

Dr. H. H. Loyon has formed a co-partnership with Drs. N. Schneider and H. F. Biggar, of Cleveland.

Dr. G. G. Biggar is associated with Dr. Moody at 192 Scovill avenue, Cleveland.

Dr. O. W. Lounsbury has located at 485 West Seventh street, Cincinnati, O.

Dr. C. M. Putnam reports that more homœopathic physicians are still wanted at Flint, Michigan.

Dr. W. L. McCreary has located at Greenfield, Highland county, Ohio.

REMOVALS.

Adams, A. J., from Pontiac to Flint, Michigan.

Cleveland, B. L.. from East Saginaw to Flint, Michigan.

Eaton, L. D., from Harpersville to Homer, New York.

OBITUARY.

BEAKLEY,—Jacob Beakley, M. D., of New York, died at Peekskill in September last, aged sixty-one years.

CARPENTER.—M. Carpenter, M. D., died at Kanakee, Illinois, September 9th, 1872.

DAKE.—C. M. Dake, M. D., of Rochester, died at Springwater, New York July 15th, 1872.

Fager.—J. H. Fager, M. D., died at Harrisburg, Indiana, August, 1872.

GREGG.—Samuel Gregg, M. D., of Boston, died at Amherst, Massachusetts, October 15th, 1872.

MAHON.—C. L. Mahon, M. D., of Smyrna, Delaware, died on Monday February 3d, 1873.

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TERTIARY SYPHILIS.

Surgical Clinic, Cleveland Homœopathic Hospital College.

SERVICE OF PROFESSOR SCHNEIDER.

H. A., age 40, American, builder, contracted syphilis when twenty years old and passed through the primary and secondary stages. Has at times had sore throat with ulcerations and cutaneous affections of almost every type, but for five years prior to last June the disease did not manifest itself and he supposed himself cured. Last June while in Chicago he was attacked with acute pain in the neck and occiput, sensation as of a slab of iron pressing on his head. This continued for four weeks, coming on every three or four hours, lasting one hour and preventing sleep at night. A swelling now appeared on the anterior portion of the right parietal bone, which was opened by a surgeon of Chicago, who told him to wear a compress. Compression, however, aggravated the pain so much that he was obliged to remove it.

The above attack was the inauguration of the tertiary form, ushered in by syphilitic fever, which generally lasts from one to five weeks and ends in a tumor of some bone, usually the tibia, clavicle or cranium, involving the periosteum.

When taken sick H. A. weighed 160 lbs. but only 119 lbs when he left Chicago in August. He then applied to Professor Schneider, who on examination found a fistulous ulcer, accompanied with a carious condition of the bone, discharging considerable sanious pus. There was also a large subperiosteal tumor over the right parietal eminence, which, on being opened, emitted a bloody pus, followed by great relief to the patient. For the pains—aggravated at night—followed by perspiration, which gave no relief, he received protiodide of mercury, second trituration, two grains every four hours. He improved rapidly for two weeks, when severe pains came on in the region of the frontal sinuses, worse at night, without perspiration, and the throat became somewhat inflamed. He was then put on iodide of potassium, third trituration, for four days, with no alleviation of the pain. The second and first triturations were then successively tried without any benefit and finally the crude was given, five grains in a half tumblerful of water, a teaspoonful every three hours, after which he immediately began to improve.

Nov. 9th, 1872.—To-day there are presented the following local effects: The ulcer on the frontal bone has an excess of granulations, about the size of a nickel cent, overlapping the edge of the ulcer about half its size. On probing there was found a roughness of the skull, showing destruction of the periosteum and caries of the bone. The granulations were cut off and the opening enlarged. On inserting the finger there was found a large portion of the external plate almost ready to be removed. A line of demarkation will form and exfoliation take place.

Continued iodide of potassium, giving a dose every two hours, with a local application of the sesqui-carbonate of potash, to hasten the exfoliation.

Nov. 23d.—This morning a free incision two inches long was made over the diseased bone and a piece of the outer table of the frontal and parietal bones, about an inch and a half each way and of diamond shape, was removed with forceps. The inner table was found to be rough by necrosis.

Dec. 7th.—Disease of inner table is passing away under the use of the sesqui-carbonate of potash applied on lint. The incision was closed up except an opening for the escape of pus.

Feb. 1st.—To-day the patient presents himself, to all outward appearances, cured. The disease has left the internal table of the skull, the wound has fully closed and the cicatrix presents a healthy appearance. Before dismissing the case I wish to make a few remarks in regard to the disease, also to review the treatment we have given.

This, as I have before said, is a case of tertiary syphilis. The development of a force which has been lurking in the system for twenty years, at times latent and then manifesting itself with such violence as to threaten the destruction of both soft parts and bone. This disease manifests itself in three stages: Primary, which has its beginning in a chancre, or initial sore, which makes its appearance from two to three weeks after exposure to contagion ; this period is called the period of incubation. We recognize two principal forms of chancre, the superficial and deep, either of which may assume a phagedenic form, giving rise to a third variety phagedenic chancre. Induration is a characteristic of all forms of chancre, especially of the deep or Hunterian. The duration of a chancre may vary from a week to several months, when it will heal without any treatment, the only exception being in the phagedenic variety. If this stage of the disease is not interfered with it generally develops into the secondary form in about six weeks, which is ushered in by a febrile disturbance, with general discomfort, neuralgic pains and headache. These disappear upon the recurrence of certain characteristic manifestations of secondary syphilis, such as cutaneous eruptions, sore throat, mucous patches, enlargement of the lymphatic glands, and occasionally falling of the hair (alopecia), affections of the eyes and other parts of the body, which indicate the implication of the nervous system. These symptoms generally occur in the order I have enumerated. The secondary stage runs its course in from one to eight months, when it subsides, leaving no visible trace. After the subsidence of the secondary stage, there is usually an interval before the tertiary stage makes its appearance, this may be months and even years, the person meanwhile enjoying good health. If the person has been properly treated or if the disease has been mild in the previous stages it may never reappear.

The developement of the tertiary stage is insidious, it is generally ushered in by more or less pain of a rheumatic character, aggravated at night and frequently periodic. The general health of the patient declines, he has great languor, his appetite fails, his face becomes pale and he wears a dejected look. This stage is called the "stage of deposit." It is marked by deposits of new material in various parts of the body, forming tumors, etc. The textures most prone to suffer in tertiary syphilis are, in the order I name them: skin, mucous membranes, periosteum, bones, fibro-cartilages, apponeuroses, tendons and testicles; it also makes its appearance in the solid viscera, liver, lungs, kidneys, etc.

In reviewing the treatment of this case I would call your attention to the administration of medicine internally. There is no doubt that mercury has been administered to this patient in heroic doses during the first and second stages and my convictions are strengthened by the violent attack of the tertiary stage. It is claimed by several authors that tertiary syphilis in some of its forms, especially those where the bones are attacked, is induced by the improper use of mercury. Whether this is so I cannot say, but I can imagine how the system may be reduced, the blood poisoned, the lympathics influenced and a mercurial cachexia brought about by the administration of this potent agent. When properly administered, mercury is a specific for primary and secondary syphilis. If you consult its provings, which are very imperfect, you will find the counterpart of the disease shadowed forth. I have no doubt, had we a perfect set of proving, they would demonstrate this remedy to be the specific, in accordance with the law similia, as it has been proven by experience. But you say that the *ensemble* of the symptoms in syphilis is not always the same in every case. True, but this depends upon the condition of the person attacked, his peculiar idiosyncrasies, etc. Yet the characteristic symptoms which give it individuality are present in all cases the same. So in the provings of any drug force you do not get all the symptoms the same from every individual upon whom the proving is made. Yet you do get the characteristic—the "key note"—symptoms the same in every case. Mercury has been the great remedy in my hands, for the last nine years, in the treatment of this disease and I have yet to see a case of tertiary syphilis follow its judicious use. I have given it in various forms, but none have proved themselves so valuable as the iodide. I have used it from the first to the twelfth potency; experience has taught me to rely upon the second and third triturations; the higher forms may be potent in overcoming this formidable disease but those I have been accustomed to use have done well and I fear to leave them.

The first prescription I gave this patient was mercurius protoiodatus, second trituration, because he presented the characteristic symptom of the drug—excessive pain at night, with profuse perspiration, giving no relief. The first night after the administration of the drug his perspiration ceased, the pain was relieved and he continued to improve for two weeks, when another train of symptoms made their appearance—severe pain in the frontal sinuses with a heavy feeling, pain aggravated at night, no perspiration, with profuse coryza and irritation of the air passages, producing cough and sneezing. I find on looking at the provings that iodide of potassium corresponds. I gave the third trituration for four days with no relief, the second and first were then successively tried but failed to relieve. I then gave the crude according to this formula:

R. Iodide of potassium........................ V grains.
Aquæ puræ......M........................ IV ounces.

One teaspoonful every three hours. He immediately began to improve and his improvement is continuous. Iodide of potassium has proved itself by clinical experience to be the great specific in tertiary syphilis. There is no remedy that has such a decided influence over this disease. It is prompt in its action and continuous in its results. If you consult its provings, you will see its *similimum* in the bone pains, worse at night, without perspiration, catarrh characterized by fullness in the frontal sinuses together with the vascular injection of the conjunctiva, accompanied with the great uneasiness which attends this disease. I am of the opinion that iodide of potassium is one of that class of remedies which act better in appreciable doses than in the attenuated form. I have never yet had any result from the administration of this remedy higher than the third decimal. I would advise you always to use it in the form of a dilution rather than in the trituration; it does not seem to retain its virtue in the latter form. You remember that I gave it to this patient in the trituration without any response.

Gentlemen, you can rely upon the administration of this remedy with a great deal of certainty in this terrible disease, especially if your patient follows out the proper dietetic rules, which should always be enjoined. He should have an abundance of fresh air, should abstain from the use of tobacco and alcoholic stimulants in all forms and his food should be highly nutritious and easy of digestion. I have no hesitation in asserting, that eighty one-hundredths of all the cases thus treated will eventually recover.

AMENORRHŒA.

Clinic, Cleveland Homœopathic Hospital College.

SERVICE OF PROFESSOR HOCKING.

Mrs. A., age 18, black hair, dark eyes, pale face, irritable, choleric temperament, always has headache and *feels tired and weak.* Was married when 16 years old and menses appeared for the first time when she was 17 years and one week old, August 9th, 1869. They returned only twice, September 13th and November 23d, 1869. The headaches were aggravated about the time for the recurrence of the menses and accompanied by nausea and some vomiting. October, 1870, the headache was most severe in left temple, *aggravated by motion and stooping,* so that it *felt as if it would split open* ; also when vomiting. This was followed by a cataleptic condition in which she was conscious but without power to move or speak. She had been in this state four times previously, twice before and twice since her marriage. *Bryonia* 3*d* was given and relieved the head symptoms. For the amenorrhœa, *graphites* 200*th* was given twice a day for three or four days each fortnight. No more headache, menses returned Dec. 14th, 1870, and have remained regular to the present.

NASAL POLYPUS.

Same patient had a large polypus in left nostril, which was diminished by *sanguinaria* topically, but removed by *calcarea phosphorica* 3*d* internally and topically.

PNEUMONIA.

Mrs. A., mother-in-law of above patient, age 72, while convalescing from pneumonia brought on a relapse by exposure, attended by the following symptoms. *Distressing dyspnœa, can't lie with head low, wants to be fanned to keep from suffocation, thirst, drinks only a sip at a time for want of breath, pulse rapid,* cough, with purulent expectoration, worse about three or four a. m. *Kali nitricum 2d* trituration dissolved in water gave immediate relief and, assisted occasionally by *kali carbonicum* 30*th*, cured the case.

TETANIC SYMPTOMS.

Sept, 4th, 1871.—Mrs. T., age about 40, jumped out of bed and stepped on a paper of pins lying on the floor. About a dozen pins penetrated the sole of the right foot quite deeply, in a line from the great toe backward. Her husband extracted them and the wounds healed up. Soon after she was attacked with pains running up the right limb, through the spine to neck and face. The muscles of the neck and jaws became very rigid, most so on the right side; those of the abdomen and thorax were also somewhat rigid. An allopath, who was first called, prescribed hydrate of chloral for the lockjaw, as he said, and she was relieved and made to sleep that night. Next day the same symptoms returning, I was sent for and prescribed *nux vomica 3d* and alternated *nux.* 30*th*, *ignatia* and *belladonna* in succession for a week, which seemed to moderate the paroxysms and lessen their frequency. But they kept recurring with more or less severity till I gave *hypericum perfoliatum* 3d, which, she said, *went right to the affected parts* and removed their pains, etc. It was two or three weeks, however, before she was able to rest her weight on the right limb.

INFLUENCE.

BY O. W. LOUNSBURY, M. D.

Influence may be defined to be an invisible energy made manifest by its effects. Its causes and operations are unseen, its effects are known and traceable by observing minds. It is inherent in the very essence of all things, made so by the creative hand, every atom exerting an influence directly or indirectly upon each and all other atoms. What is true of these atoms is also true of an aggregation of them into bodies.

The celestial bodies mutually affect each other by the power of gravitation, whereby their mighty revolutions are performed with harmony, order and precision. They have their influence likewise upon man, affording heat, light and grandeur for his health, comfort and joy.

Human influence is an element of power, partly within and partly beyond the region of man's own will. It may be a power for good or evil, depending upon his true character—for *good* if he possess a moral and holy character; if immoral and unholy, *evil.* There can be no neutral ground, man *must* influence man for good or for evil. His life, his character are ever photographing themselves upon others whether he wills it or not. It is impossible for man to live to himself alone; he must of necessity be either a light to illumine or a tempest to destroy. If the light that is in him be that of purity and truth it *must* shine with a hallowed radiance; if his passions be tempestuous they will destroy and fearful will be the destruction.

Influence, like the river, may be small in its source—the mere bubbling spring, giving origin to the merest rivulet, scarcely noticeable, yet, coursing its way down the hillside, meeting here and there a rill, swells gradually into a stream, which, joined in its progress by like streams, finally assumes the proportions of a majestic river whose onward flow is absolutely irresistible. Who has not seen repeated examples of two young men starting out in life with equal advantages and to all human appearance with equal ability and culture, subjected to a like temptation—the one ignobly yield to, the other manfully resist its fascinating charms. At this point they diverge—the one constantly dragged downward by the fatal influence of temptation in its myriad forms until he reaches that point where the irresistible current bears him passively on in defiance of his struggles onward into the ocean of shame and remorse—a moral, perchance a physical wreck—the other, ever and anon strengthened by repeated resistance of temptation, pursues a career of usefulness, gaining public confidence and nearing the goal of his hopes and aspirations—an honor to himself and to mankind.

Some men are conscious of their ability to move others by their power of persuasion, clearness of logic, profundity of wit or sarcasm or by appeals to the better impulses of their spiritual natures, while others settle down in the profound conviction that they have *no* influence and can accomplish no good work; that they occupy an humble position and by virtue of this fact excuse themselves for their apathy in the varied enterprises of life.

Now, to possess a great influence a man need not possess the eloquence of a Demosthenes or a Sumner nor achieve the victories of a Napoleon or a Grant; he need not occupy a chair in the editorial sanctum of the *Tribune* or a more exalted chair at the national capitol; he need not aspire to the deeds of heroes or the achievements of warriors, for a train of influences may follow a continued series of good works in humble private life more glorious far in the grandeur of its results, infinitely more beneficial to the lasting welfare of man than most of the so-called great exploits which give luster to the historic page. While few may be able to wield great power over the masses by securing positions of fame, yet each may wield a mighty influence for good by acting well his part in the great drama of human life.

Even the tear of a child may by its silent power accomplish what entreaty, argument, fear or favor have failed to do. Nathaniel Hall relates the following anecdote: A gentleman lecturing in the vicinity of London said: "Everybody has an influence, even that child" (pointing to a little child in her father's arms). "That's true," cried the man. At the close he said to the lecturer "I beg your pardon, sir, but I could not help speaking. I was a drunkard but, as I did not like to go to the public house alone, I used to carry this child. As I approached the public house one night, hearing a great noise inside, she said 'Don't go, father!' 'Hold your tongue, child!' 'Please, father, don't go!' 'Hold your tongue, I say.' Presently I felt a big *tear* fall on my hand. I could not go a step further, sir. I turned round and went home and have never been in a public house since—thank God for it. I am now a happy man, sir, and when you said that even *she* had influence I could not help saying 'That's true,' sir; all have influence."

Thus the influence of a tear saved a drunkard from untold misery and transformed his blighted home into an Eden of joy.

The influence of a thought may be imagined but never computed. Cast your eyes over the multitude of enterprises, medical, commercial and benevolent, which to-day engage the attention of the masses of this and sister cities. Each had its origin in or is the legitimate result of the thought of one individual mind. Do you desire an example? I point with pride to this, the Homœopathic Hospital college, one of the necessary fruits of the discovery and enunciation by the illustrious Hahnemann of that glorious scientific law, "*similia similibus curantur.*" To this I might add many others showing

> "That a small drop of ink
> Falling like dew upon a thought produces
> That which make thousands, aye, and millions think."

The stone thrown by a child into the placid lake agitates the surface, sinks to the bottom and is forever buried there. The motion it produced in the water is communicated to the adjacent water and in widening circles its influence, small but conscious, is conveyed to the extreme margin of the lake surface. So the influence of an unkind word or jest or unholy deed ceases not with the word, the jest, the deed, but speeds onward in ever widening circles to the distant shore of eternity. It is said "The evil men do lives after them, the good is oft interred with their bones." This may be true of evil, not so of good; good is immortal; it cannot die; its influence cannot be circumscribed at death; it lives in humanity like the elements of material bodies which, though ever changing, never perish.

This influence is a power, a terrible power. We cannot rid us of it, it clings tenaciously. Born with us, unfortunately, if evil it will not die with us. It will extend from generation to generation all down the corridors of time, affecting for weal or woe every immortal soul which may have been brought under its dominion.

The importance of a holy character will then commend itself to every reflecting mind, for if man *must* consciously or unconsciously exert a lasting influence upon others, how very important that that influence be of a pure and holy nature.

Who shall estimate the value to society of a holy life? Consider what society would be to-day without its permeating power. Take away from this nation the elevating influence of godly men and women and society would speedily relapse into a condition of paganism and barbarity.

The handful of leaven which the Son of Righteousness placed in the measure of meal more than eighteen hundred years ago is still working among the masses and will continue to work until the whole is leavened.

If the above be true, how carefully ought each man to live, how sedulously cultivate a high type of moral and religious character, so that his life and example may have a salutary influence upon all—an influence gentle, yet impressive.

"Drop follows drop and swells
With rain the sweeping river;
Word follows word and tells
A truth that lives forever.

"Flake follows flake, like spirits
Whose wings the winds dissever;
Thought follows thought and lights
The realm of mind forever.

"Beam follows beam, to cheer
The cloud the bolt would shiver;
Throb follows throb and fear
Gives place to joy forever.

"The *drop*, the *flake*, the *beam*
Teach us a lesson ever;
The *word*, the *thought*, the *dream*
Impress the soul forever.

THERMOMETRY IN HEALTH AND DISEASE.

BY F. C. CURTISS, M. D.

Within a few years, comparatively, various mechanical contrivances have been devised for assisting in the diagnosis and prognosis of diseases and for obtaining indications for treatment. The thermometer is one of these physical assistants, the clinical use of which is the subject of this paper. Like all the others, it is only an assistant, but is at least that and I believe its use should be more extensive than it is. Outside of the hospitals I doubt if it is used much and, while the hospital is the place to study the instrument, because the patients are there in a body and always close at hand, still it is very portable; and, although regularity of observation is a vital point in its use, yet a single observation is often of great value.

The instrument used is a modification of the ordinary mercurial thermometer. A thermo-electric apparatus has been devised which surpasses in delicacy the best mercurial instrument and by which the temperature of internal parts can be obtained. It consists of two wires, of different metals, soldered together and having their free ends brought into communication with a thermo-electric multiplier. The wires are passed into the tissues like acupunture-needles and the temperature at the point of contact of the two metals is indicated. It has thus been found that the body is cooler toward the surface. But for obvious reasons this apparatus is only adapted to scientific investigation and the mercurial thermometer is the only instrument of practical usefulness.

Great care should be used in getting an accurate thermometer, especially if the observations are to be preserved for reference. There may be good American instruments made but I have never seen one. I found in the New York hospital three, of New York makers, all of which vary nearly a degree. A fault which renders an instrument nearly useless is an unequal variation between different degrees. I believe the best—most accurate as well as portable—is that made by Caselly, of London. The Germans make very good instruments but as a rule they are graduated to fifths of a degree. The instrument should be sufficiently delicate to reach its maximun in three minutes, except in emaciated subjects ; some will continue to rise for ten minutes. It is best to have it self-registering. In these the index consists of half an inch of mercury detached from the rest by a minute speck of air. This avoids the necessity of stooping over in close contact with the patient in such diseases as typhoid which are more or less contagious ; the sick room, too, is often darkened so that it is not easy to read it *in situ ;* it can be trusted to the nurse for one of the daily observations better than the non-registering instrument.

The axilla is the usual point for taking the temperature and if another point is chosen, it should be noted, as the temperature differs. It should be properly inserted. On the brachial side of the axilla, a little down, it will be noticed that a fold forms as the arm is carried across the body. L.ay the bulb in this place, first drawing the clothing well away, and then carry the hand over to the opposite shoulder, the object being to surround the bulb entirely by living tissue. With female patients who may feel a delicacy towards exposure, direct the nurse to lay a towel over the chest before opening the clothing enough to insert the bulb.

Although single observations are often valuable, it is much better to take them continuously. The relation of morning to evening temperature and the range from day to day are very valuable, the main use of the instrument being here. If taken continuously they should be regularly, from 7 to 9 o'clock in the morning and 5 to 7 o'clock in the evening.

The clinical thermometer indicates pyrexia and measures its amount with accuracy. The value of thus accurately determining the amount of heat in disease was first insisted on by Dr. Haen, of Vienna, about a hundred years ago. Heat of body above the normal has been noted as indicating disease ever since medicine was practiced and is generally recognized by the people as pathological. But the only indication of it has been the hand of the doctor or the sensations of the patient. Neither of these is reliable ; the former is only comparative, varying with the warmth of the hand, the latter cannot be depended on, as is shown in a chill, when the body feels cold to the patient, though really the temperature is elevated. I had been taking the temperature of a patient with erysipelas for several days, the case had gone on to convalescence, when, one evening as I came to take it again, I found the patient in a chill initiatory of relapse and while in it I found the temperature above what it had been, and 2° above normal. It may be that in these cases the skin is really colder from the nervous contraction of the blood vessels but the blood is warmer and begins to be so before the chill comes on.

But, aside from the mere detection of pyrexia, which of course can in most cases be detected without an instrument, there is the accuracy of measuring it which can be gained by it alone. The value of this I can show further on, in getting the typical range of diseases, in finding the extremely high ranges, as 108° or 110°, which by the hand cannot be distinguished from considerably lower ones, etc. Anything which makes medicine less an art and more a science and does away, in any degree, with the vast amount of uncertainty which surrounds our practice ought to be cherished as it deserves.

Pyrexia is abnormal elevation of temperature. This definition implies the possibility of changes within the bounds of health, and such is the case. The normal temperature of the axilla of adults is 98.5°, and the range of healthy fluctuation is quite limited. Climate, exercise, different hours of the day, are some of the agents affecting it. Dr. John Davy, who experimented largely, found variations between temperate and tropical regions. The average temperature is nearly a degree higher in tropical climates. In temperate, the *maximum* temperature is found in the early morning, being on the average 98.7° ; falling steadily through the day until midnight, when it is 97.9°. In tropical regions the minimum temperature is in the morning, being 98.05° on an average, from which it rises steadly until night to 99°, a variation of nearly a degree. The variation of temperature of the air do not necessarily effect it, though exposure to extreme heat or cold may do so. Active exercise short of fatigue raises it ; beyond this point it lowers it. It falls after a full meal but rises as digestion advances. It is thus seen that variations of temperature between 98° and 99° do not necessarily indicate disease.

There are other variations, peculiar to early life, to the puerperal state, which is in the border line between physiology and pathology, and also there is difference of temperature in different parts of the body. Dr. Foster gives in the *Journal fur Kinderkrankheiten,* 1862, the result of an extensive series of observations on the newly born, the temperature being taken in the axilla. At the moment of birth the temperature is the same as that of the mother; it falls directly until in from fifteen minutes to two hours it reaches 28.97° Reaumur or 97.18° Fahrenheit, the average of all taken; the lowest taken was 95.5°. After this fall, immediately following birth, the temperature gradually rises for thirty-six hours, reaching a height of 99.6° Fahrenheit. After the thirty-six hours it falls somewhat, but slowly, for four days, when it reaches about the temperature of the healthy adult· It soon rises again, from the fifth to the eighth day, but this oscillation is slight in amount, reaching an average of 99°. It falls somewhat after this, but the temperature of young children is, as a rule, higher than that of adults. The daily range too is greater, amounting to a variation, according to Mr. Finlayson, of two degrees. According to the same observer, there is invariably an evening fall in temperature, being lower between 7 and 9 P. M., and highest about 4 A. M., there being during the day but trifling variation. These normal variations should be borne in mind when using the themometer on children.

In the later months of pregnancy the temperature of the body is somewhat increased, according to Mr. Squier, in the London *Lancet.* It is not raised much by a natural labor any more than strong exertion of any other kind affects the person in health. Toward the close of labor the vagina shows an elevated temperature, in one case being noted as high as 99.9°. In prolonged labor, where muscular exertion is severe and continued, a temperature of 102° is sometimes reached which can hardly be called normal. It subsides soon after labor. The slight febrile action coming on two or three days after labor, called milk-fever, has an elevation of temperature variable both as to height and duration. It is more prolonged in primiparæ and has been noted as high as 102° or even 104.3°, lasting in the latter case for twelve days, though the breasts were not affected. A sore nipple or slight inflammation of the breast raises the temperature.

Different parts of the body have different temperatures. There is a difference of one degree between the covered parts of the surface, as the axilla, where the bulb may be entirely surrounded by living tissue, and the cavities which open externally—the mouth, rectum and vagina. I believe the lungs are cooler than the abdominal organs, because of the entrance of outside air, and there is a difference in temperature of the blood in the two sides of the heart. The blood coming to the heart by the superior vena cava is of lower temperature than that of the inferior. A recent number of the London *Lancet* contains the interesting fact that the cranial cavity is of lower temperature than the body generally. There is a difference of $\frac{7}{10}$° Centigrade (or more than one degree Fahrenheit) between the cranial temperature and that of the rectum. Chloroform lowers the temperature of the body generally; and this is more marked in the cranium. The same is true of chloral and of morphia in large doses, though small doses increase it. But in poisoning by alcohol the cranial temperature rises above that of the rectum. The experiments were made on dogs and other lower animals but how the temperature of the cranium was taken is not stated. Mr. Blake (*Medical Times and Gazette*) found a difference of from one-half to one degree in the left side of the body over the right but only during exertion. It was more marked when exercising under a powerful sun.

In this connection I may also speak of *post mortem* elevation of the temperature. De Haen, who first used the thermometer, observed a rise of temperature in the death agony which persisted after death. The point being forgotten was recently re-established and a prize article written on it by Valentin at the University of Berne. Experiments were made on various lower animals. It was found to be true in all cases. It is due both to an increased development of heat and to diminished loss of heat. The vital processes which ordinarily develop heat during life persist after death—that is, after the heart ceases to beat—especially certain nervous influences; and probably *post mortem* disintegration and decomposition may aid in the development of heat. *Rigor mortis* is thought to have but little influence. It would be interesting to know how the *post mortem* temperature is after sunstroke, in which disease the body heat is very high and after death there is no *rigor mortis.*

The retention of heat after death is favored by the cessation of perspiration and the consequent lessened evaporation from the skin. Evaporation and perspiration is the safety valve in life to those exposed to heat. As long as this is active there is little danger of the high ranges of temperature. In sunstoke it is stopped and when the body heat reaches 110°, as reported by Wilson Fox in rheumatism, the perspiration, which is usually excessive in this disease, has stopped.

I have thus, somewhat rapidly, sketched those variations and conditions of thermometry which are outside of that portion of the subject which considers them in the sick patient. We find the healthy body maintaining a temperature varying very little though surrounded by an atmosphere which changes from day to day, which in the course of the year goes through wide ranges and in the torrid zone has a constant temperature very far removed from that of the frigid. The source of this animal heat is in the tissues themselves, in which there is constantly going on an endless variety of solutions, combinations and decompositions, by means of which is effected the metamorphosis of food into tissue and of tissue into effete matter. But the amount of this heat producing tissue change varies continually; to prevent a corresponding increase of heat we have the cutaneous perspiration, the evaporation of which causes the heat to become latent. So the temperature is continually regulated and the almost unvarying standard maintained. Variation from the standard in disease is due to the change in the one or the other or of their relation to each other.

What is the advantage afforded by the use of the thermometer in disease? In the first place it shows whether or not pyrexia actually exists. This seems to be a small matter but really it is often a valuable item of knowledge. Often diagnosis is very difficult, especially with children, who may present grave symptoms on slight causes. For instance, not long ago I saw a boy ten years of age who had been taken with convulsions, headache, vomiting and loss of appetite; the bowels were regular, the pulse irritable but not accelerated and he lay quietly in bed with a peculiar nervous look of the eyes. I found his temperature quite normal and concluded that his convulsions were due to peripheral irritation, not to central lesion. His convulsions were relieved by a full cathartic and their cause was found to be eating hard Bologna sausage. There are many cases where the thermometer will give this negative help.

It has another advantage which belongs to it alone; it shows, *before other symptoms can*, the existence of disease and changes the course of disease. The temperature of the body is more sensitive to diseased action than either the pulse or respiration. In intermittent fever the temperature begins to rise several hours before the exacerbation comes on and after the disease has been reduced by treatment and all other symptoms have disappeared a periodic rise of temperature may be noted, showing that the cure is not yet perfect. In typhoid fever the daily rise and fall of temperature is very regular and any marked deviation from this is always premonitory of something new in the course of the disease. A sudden reduction is said to show that hemorrhage of the bowels has taken place, from sloughing of Peyer's patches, and several days may elapse before we get evidence of it from the stools. In pneumonia a sudden fall in temperature about the seventh day shows that convalescence has set in, though other symptoms may be as grave as ever. In all acute diseases a fall in the temperature is, as a rule, a favorable sign.

The converse is in like manner true; rise of temperature, after it has once fallen, points to a relapse. We see this mainly in diseases (as erysipelas) which are liable to relapses. This rise will be found to take place before the premonitory chill and will be a marked elevation above the regular rise and fall of the steady course of the disease.

There are two or three general rules of temperature in disease which may be spoken of here: First, there is, as a rule, evening exacerbation, the evening temperature being higher than the morning. In some acute diseases, however, the line of thermometric range is steadily upward for a few days, as if carried along by the impulse of the disease. But usually, even in the most acute diseases, there is a fall in the morning from the temperature of the preceding evening; we know that it is common for all sick people to feel better in the morning and worse as the afternoon wears away.

There is another peculiar fact, familiar to all who use the instrument though I have not seen it noted in the books. In some acute diseases the temperature falls *below* the normal standard of health as soon as the acute stage is passed. It has been noted below 95° under these circumstances. There are but few other conditions in which a temperature below that of health is noted. Dr. E. R. Hun found it as low as 94.5° in a case of Bright's disease in which the œdema was excessive a few hours before convulsions occurred, in which the patient shortly afterward died. The lowest temperatures have been found in shock. This, from all causes—operations, fractures, burns, etc.—seems to be attended with more or less depression of temperature. In the "Biennial Retrospect" of the New Sydenham society, for 1871, Mr. Wagstaffe is recorded as having found, in a case of cut-throat which recovered, a depression to 91.2°, due probably to a loss of blood. In a fatal case of fractured spine a fall of 16.65° was noted. This gives us a hint that nervous influences have a part in maintaining and regulating animal heat.

The thermometer is a help in prognosis. The fact has been alluded to under a previous head that it shows change in the course of disease before other symptoms can. Individual diseases have their peculiarities of thermometric range and a marked variation from this indicates a grave or favorable termination. In typhoid fever an evening temperature of 103.5 shows a mild case; if it rises to 105°, dropping only to 104° in the morning, it is very grave. In pneumonia 104° shows a severe attack, especially coming on early in its course. All diseases are not alike in regard to the height to which the thermometer may go within the bounds of safety. Cases of sunstroke have been recovered from in which the temperature of 110° has been reached; and Dr. Wilson Fox reports, in the London *Lancet,* the same height in a case of rheumatism which recovered. A few weeks ago I took the temperature for several days in a case of pneumonia and finally found a morning temperature of 104.2°, pulse 112 and respiration 32. The evening temperature of the same day was 102.8°, which, being so decided a fall from morning to evening, was evidence that the crisis was past, although the pulse was accelerated to 120 and the respiration to 48. The fall here was not sufficient for the most practised hand to detect. In a case of typhoid, looked upon as grave by the attending physician, I was enabled by the thermometer to give a favorable prognosis.

Can a diagnosis be made by the daily fluctuations of the thermometer? It would not be believed at first thought that any one would ever be driven to this means of diagnosis but I have seen a case of gummy tumor of the brain which in good hands was thought to be typhus fever and this instrument would settle the question between them with certainty. Some diseases running a regular course have a typical range of temperature so that one familiar with the subject, turning over the records of vital signs, can distinguish them one from another. In typhoid fever we see a good deal of regularity of the temperature line. Mounting gradually during the first week up above 100°, it holds there, with slight morning fall, till about the twenty-third day, when a considerable fall takes place and we see the peculiarity of a nearly normal morning temperature and a high evening exacerbation, making long lines in the fever curve. Typhus, again, is like typhoid, only the morning fall comes one week earlier. In the eruptive fevers generally the evening exacerbation is slight, the fever line, instead of being zigzag, running in a general straight line upward until a certain stage of the disease and then downward in a likewise straight line. An intermittent of quotidian type shows a fever line quite similar to that of the third week of typhoid; the tertian differs only in the skipping of one day. These are specimens of the typical thermometric ranges of diseases. It is evident how often diagnosis, that difficult branch of medicine, may be helped out by the thermometer.

Thermometry gives indications for treatment. An exceedingly high temperature is of itself dangerous to life from its effect on the nerve centers and should be treated by active antiphlogistics, regardless of the primary disease. This is illustrated by the cases of rheumatism reported by Wilson Fox, in which the temperature rose to 110° and which recovered under the use of cold douches and baths. A very forcible illustration of the value of the thermometer as a help in treatment is seen in pericarditis occurring in the course of rheumatism. Every case of this disease should be watched carefully with the thermometer, for by it we get premonitions of the occurrence of pericarditis and are enabled to get the start of it. We are told, and very properly, to listen every day to the heart sounds but the fact is evident that if you wait for cardiac murmurs you are waiting simply till the serous surfaces are covered with exudation to produce them. I have seen one case in which by most careful examination no murmurs were heard but the autopsy showed four ounces of bloody serum in the pericardium and the surfaces covered with a fibrinous exudate presenting the "bread and butter" appearance. The serum separated the membranes and prevented friction sounds. The pulse is sensitive to acute disease of the heart but it is liable to extraneous disturbance. So, too, with the respiration. And, more than all, thermometric change occurs before anything else and so is premonitory in this and other diseases.

Febrile action is inconsistent with health and an instrument which indicates and measures it translates what is going on in the system. The fever is in many cases a safer guide than anything else. The pulse is disturbed by nervous excitement; exertion increases the respiration; the countenance gives valuable indications, in sick children especially, but often it tells nothing; the history cannot always be gained clearly. But the temperature can always be taken and has one advantage over most other means of diagnosis—it is uninfluenced by extraneous circumstances and always tells the truth. Its language is to be learned by study and observation.

To sum up in a sentence the valuable points of the thermometer, it shows the existence of febrile exacerbation; it is premonitory of change in the course of a disease; it helps in diagnosis, prognosis and treatment and its indications are uninfluenced by any outside circumstance whatsoever.—*New York Medical Journal.*

HISTORY OF ANIMAL VACCINATION.

PREPARED FOR THE "REPORTER" BY J. PETTET, A. M., M. D.

It being one of the maxims most strongly impressed upon homœopathists to use nothing but perfectly pure medicines, a great interest has been shown by them upon the subject of animal vaccination. I therefore presume to give the readers of the REPORTER an abstract of a very valuable paper upon the subject presented by Dr. Henry A. Martin to the Gynecological society of Boston and published in its journal.

The early experiments on animals came to nothing, but at Naples an attempt was made in 1810 by Galbiati to restore the long lost treasure by the practical employment of retro-vaccination. Heifers were vaccinated with the humanized virus and the resulting vesicles snipped out with curved scissors, sold and used. This practice of Galbiati was continued after his death, in 1840, by his successor, Negri. The practice extended but little beyond Naples, with one exception, that of a Massachusetts physician, who has practiced retro-vaccination for several years.

During two years experience as surgeon of the United States volunteers Dr. Martin had many peculiar and exceptional opportunities of observing on a very large scale the results from the use of over seven hundred of these crusts and the results were, when not directly and often seriously injurious, invariably negative. In not one instance of many thousands which came under his notice had anything at all approaching a true vaccine vesicle been produced nor the slightest protection from variola afforded.

Retro-vaccination has been chiefly confined to Naples. The famous paper of Viennois on vaccinal syphilis was published in June, 1860, and has given rise to many bitter discussions in the Paris Academy of Medicine, with a dread of probable contamination from the use of humanized vaccine. Shortly after this at Paris Lanoix propagated vaccine from heifers and Depaul, "directeur de la vaccine" and chairman of the vaccine committee of the Academy of Medicine, was induced to experiment with some of Lanoix's heifers. He had made vaccinations from six of them and arrived at no conclusive results, when, on the 26th of April, 1866, he received in his official capacity notification of a probable case of spontaneous cow pox at Beaugency. The account of this visit and the circumstances connected with it cannot but be interesting to every student of vaccination. Depaul, with the aid of the Academy and a yearly allowance of six thousand francs from the imperial government, systematically established a "service" of heifer vaccination from this source in the garden of the Academy. This "service" has been continued and is the source of the "Martin stock."

The history of Dr. Martin's connection with animal vaccination is as follows: He had for many years been engaged in supplying humanized vaccine. Some twenty years ago he had experimented with retro-vaccination from vigorous stock but had signally failed of producing protective vaccine, all the results being negative. He formerly accepted and does not now deny the theory that cow pox can be obtained from inoculating the kine with small pox but he has never been convinced that it has been done. Dr. Martin, of Attleboro, *supposed* he had succeeded but his success proved to be a plague of small pox. We hope this question may some day be set at rest by positive proofs either for or against the theory. From all these experiments he was much prejudiced against any "vaccine from kine" and when the Beaugency stock was discovered he investigated it with much care. This investigation convinced him and he warmly espoused the new plan. He has ever since been engaged in this work and has preserved the "stock" unimpaired and sees no probability of failure in the future.

Sacco, of Milan, and Tanner, of England, have proved part of Jenner's theory by producing true cow pox from inoculation of "grease" of the horse's heel in the udder of the cow. From at least two horses thus affected at Alfort, near Paris, virus has been taken with which heifers have been inoculated, producing perfect stock of vaccine lymph. This was propagated for some time by Dr. Martin but the inconvenience of keeping the two separate stocks caused him to relinquish it.

"Is the profession arousing itself to the importance of these questions? It is and it is not. There is the same spirit of listlessness, bigotry and intolerance that there was in Jenner's time. The same arguments are employed almost word for word· Strange to say, the greatest lack of interest and the greatest prejudice have been shown, where it would least be expected (by Dr. Martin), in the 'regular' profession, while the homœopaths, to whom he himself has all his life been opposed, have been almost without exception examining into and zealously adopting the new practice. This very fact he has no doubt has increased the apathy and opposition of his own branch of the profession. Not a single paper has yet been written upon this subject of at all a scientific character by a 'regular' physician." After speaking of this opposition and the slights he has received from the profession he says "this kind of behavior on the part of those who believe in or at least practice vaccination with humanized virus is the more extraordinary taken in connection with the next fact, viz: that the homœopaths, who do not believe in or at least have given up the employment of humanized virus on the ground of extending the constitutional diseases, have so completely accepted this new vaccine. These persons used to import every year from Germany in tubes thousands of dollars' worth of so-called cow pox virus but really that of retro-vaccination, much of it inert and good for nothing. The care with which they have investigated this subject and the extent to which they are now employing the pure vaccine may well shame those of his own faith who have shown so little interest. One of them, to Dr.

Martin's certain knowledge, vaccinated over five thousand people with cow pox, not one of whom suffered from erysipelas or subsequently took small pox, as many of those vaccinated by the old method right beside them have done."

Dr. Martin considers the risk of spreading constitutional disease greatly exaggerated except in the case of constitutional syphilis. He has himself seen nearly two hundred men ruined for life by vaccination with a scab from such a subject. Everything of this sort is impossible with matter directly from the heifer, as has been conclusively demonstrated by Depaul and others in many thorough and disgusting experiments.

The principal object in the use of this form of virus is that we have at last obtained the typical vaccine disease of Jenner and not only this but in case of epidemic anywhere we can be sure of an unlimited supply at once just on the spot where it is most wanted. So great confidence has Dr. Martin in its efficacy that he offers a thousand dollars for any adult vaccinated with it who shall afterward at any time after three weeks become the subject of variolous disease. He believes absolute protection can never be obtained by vaccination until after the tenth year. Although it retains much of its original vigor after many removes the same absolute effect can never be obtained. It is not the lapse of time that impairs its vigor but the removes from the original source.

In 1809 Brown of Mussellburgh, Scotland, proved it took eleven or twelve years to bring the humanized virus down to absolute inefficacy, just as seems to be the case at the present time.

Dr. Martin does not wish to be the only one in the business although doubting if there is any other man in the country willing to keep the virus up to its proper standard of purity. The heifers cannot be vaccinated more than once.

Many failures are experienced in vaccinating because tubes are employed, this uncertainty being more marked with the lymph from cow pox than with the humanized. Imported German tubes do not average more than thirty successes in the hundred. The subject is a matter of great importance, for the welfare of the community in variolous epidemics depends upon it and if the matter is not what it should be the fact should be known and error, though honest, exposed.

In a note of later date Dr. Martin asserts that only one other in this country is successful in animal vaccination, viz: Dr. F. P. Foster, of New York, but allow us to assure the doctor that he is in error on this point. "Animal vaccination can be properly conducted only by one who has a real interest in the subject and who is also willing and able to devote to it a vast amount of labor of far from an attractive description and a very large and continued expenditure." "The intelligence and liberality manifested by the 'regular' profession in the city of New York in investigating and adopting the new method and in applauding and rewarding the physician who introduced its practice in that city is in most marked contrast with the spirit which in Boston and perhaps in Philadelphia has led many of the practitioners of 'regular' medicine to condemn and vilify animal vaccination without the slightest practical investigation and for no better reason than that an obnoxious school of medicine had warmly adopted it and also that because he had dared to publish in a perfectly respectable homœopathic journal a perfectly inoffensive article in order to extend as widely as possible the knowledge of what he felt and feels to be of vast value and importance to humanity. It seems to be held that no good shall come out of Nazareth and if a good thing be even for a moment sheltered there that and its author too shall be crucified with contempt and abuse."

He then goes on to say that the truth shall be told and that the public, a just judge, shall be inspired with something approaching a fit contempt and hatred and even horror for the ignorance, illiberality and falsehood which has ever and he fears "ever will render a portion of the professors of 'regular' medicine the butt at which scornful satire points its slow, unerring finger forever."

After perusing this able paper one must be convinced that the seeds of homœopathic liberality are being sown among the members of the "regular" profession and that the elements of reaction within itself will finally burst its "hard shell" and allow truth the supremacy. We would, however, warn the doctor lest in throwing stones at other's houses he may break some of his own windows, for we are well satisfied there are others who are willing to sacrifice much for the sake of truth and that there are others who may possess the same spirit of investigation as himself and that there are others who have spent much of their income in forwarding the interests of those who do not appreciate the services.

The homœopaths and some of the "regulars" of this city have come forward and helped in extending the "service" of animal vaccination and some "regulars" have gone so far as to acknowledge that this material raised by a homœopath gave perfect results, while others again have used every endeavor to prevent its gaining a foothold. The success of one young "regular" in vaccination made all his neighbor allopaths come to him and ask to get some of his vaccine because that they themselves used showed such evident inferiority. When it was discovered that the vaccine he used with such success was procured of a homœopath he was advised to use no more of it but try some from another source. The fountain of this advice is the same as that of some very "regular" resolutions of a college alluded to in the editorial department of this issue of the REPORTER.

We want a "service" kept here and are willing to do our share to assist any one of whichever school who will come forward and take hold of the work where it now stands and keep the same in efficient working. We will give him the benefit of all our experience in the "service" and the benefit of our good will. During the months of December, January and February the "service" paid its own expenses but during the summer months we expect the expenditures will far exceed the receipts.

VESICATIONS.

Mental, Moral and Physical.

BY MILLIE J. CHAPMAN.

[An Essay read before the Hahnemann Society of Cleveland Homœopathic Hospital college.

A blister is caused by any substance which when applied to the skin occasions a secretion, raising the epidermis and inducing a vesicle. Various articles produce this effect, such as ammoniac, garlic, euphorbium, mustard and cantharides. The ammoniac used is a gum resin brought from Persia, garlic is a plant native of Sicily, euphorbium is a resin and mustard is a plant. Both of the latter are obtained in the United States and England.

The cantharides or Spanish flies are a species of beetle common in Spain, Italy, Sicily and some other parts of Europe. They are found adhering to the leaves of the ash, the lilac and the willow, are usually collected before sunrise in the months or June and July. They are killed by being exposed to the vapors of vinegar, after which they are dried in a stove. An alcoholic extract of these flies mixed with wax and spread in a very fine layer on silk or paper previously oiled forms the usual blistering plaster.

These different substances are chosen according to the nature of the disease, the latter being most severe in its effects and generally used in most difficult cases. The irritation is sometimes made perpetual by appropriate dressings. The blister is applied on the principle that a morbid action in one part of the organism may be removed or relieved by counter-irritation in a neighboring part. It has been used in some fevers, in cholera and in other diseases, supposing that it afforded means whereby certain medicinal substances might be introduced into the system by absorption that could not otherwise be employed. When the plaster was removed an oiled cloth or wilted leaf was used for dressing.

Cures have followed their use yet they are by no means certain, the most serious results having often occurred. I now vividly recollect a loved uncle who died—no, was killed by their use. By such cases being repeated the blister has lost its former popularity and is now only used when all other remedies fail or by unskillful, wrongly educated people. Fortunately for humanity, through the influence of homœopathy physicians have learned "a more excellent way," a system by which all the good is received with no evil accompaniments. The truth of this statement will appear evident and be more readily accepted by the multitudes when our own school has increased its numbers in the "upper stories" of the profession.

The advocates of the blister justified themselves because it was not used merely to cause pain but for the beneficial effects which followed. Not only was their professional treatment characteristic of their actions in other circles but society generally seemed to approve a sort of blister remedy for all evils. Invariably the suffering was increased before alleviated whether the cause was ignorance, sickness or sin.

While we have outgrown the severe treatment of disease has our advancement been equal in other directions? Can we look upon the blisters of society in the same light with as much hope of their place being supplied by a better agent in the future? We admit that benefit has been received by the use of blisters in the intellectual, moral and religious world, still a more glorious result will be associated with their abandonment and the adoption of measures less exciting or attractive, whose influence continues.

School teachers whose professional dignity and sense of authority is manifested in every look, word and action have frightened their pupils into obedience, they have secured order and attention while they have listened to well committed recitations, the subjects have been studied from the first to the last pages of the book; yet too often this has been gained because the request was connected with a promised penalty in case of failure —an injustice only equaled by the doctor who prescribes a blister lest sickness *may* occur. The "jolly old pedagogue who believed in making life pleasant down here below" accomplished vastly more in his labors and left a better example for his successors.

Parents have seen their children grow to manhood and womanhood honest, respectable and industrious, whose instruction consisted in a command and their only correction the application of the rod. We prefer the good here secured with an increase of happiness; this may be realized by studying each individual case, selecting the indicated remedy, using high potencies administered seldom. Such a likeness appears in families where instruction is imparted in kind counsel, reprimand when necessary given privately, the severity regulated by the features of the case, the treatment never repeated or referred to while the patient is doing well. When this principle is carried out in the government of schools, churches, societies and nations we shall witness a wonderful improvement. We all have disposition and manners peculiar to ourselves. This with our education and former associations may at times render us disagreeable to those around us, yet we do not relish the blisters of criticism and censure because our bodies and minds were not cast in a given mold or because our acquirements have been unlike or less extensive than those of others. Such means are useless even if we entertain incorrect views or have done others an injustice. The true remedy is of a different nature, very essential yet easily obtained. We have only to carefully peruse that sacred book given as a rule for all lives, where we learn our whole duty; then with a reasonable amount of common sense we are enabled to make an application of the knowledge there gained and the desired culture is received. We have never seen education or reform permanently established by severe methods. We can find nothing in the guide above referred to sustaining such practice. On the contrary, we have a life given as a model where patience, mercy and unbounded love are ever exhibited. We find nothing to sustain us in teaching that it is difficult to do right, no influence that resembles the blisters society prescribes for offenders, no encouragement for wrong doing, no authority for increasing the gloom in this world. But we do find assurances to those who walk in the performance of duty of happiness in the journey and at its ending. This joy is greatest when we learn to care for the common wants of humanity because they are human wants, to comfort the afflicted because human sympathy is as necessary as human labor, to counsel the erring because this is a part of our work, to feel kindly toward all because this makes our efforts more effectual.

In no way can we do so much toward helping other lives approach more nearly our divine pattern as by extending this mild, irresistible treatment to those whose career is seriously blighted by a cloud of error and sin. If we are better than these persons we will give proof of our superiority in our actions toward them. No manifestations of vinegar disposition ever induce such happy consequences; something more than their oily tongue or wilted politeness is necessary to heal the wounds they have inflicted upon sensitive natures by their injudicious labors to benefit mankind.

A few years since a young man was confined in the Massachusetts state prison. Several interested persons visited him for conversation and prayer hoping that his spirit might be saved though he met death at the scaffold. Their visits were frequent and numerous, the burden of their supplications being that the murderer might realize the enormity of his crime, the disgrace he was bringing upon his family and himself, also the terrible state which awaited him as the just consequence of his guilt. At first he listened to them, then became perfectly indifferent about his future and cursed them for troubling him. His friends, still anxious for him, invited others to go and see him; they approached him in kindness, expressed a satisfaction at meeting him again in this life, spoke of the blessings all enjoy in the possession of mental faculties, health and life, the privilege of friendly association and the tendency with every one to forget the source from which these come, that no one obeyed every command but the great goodness of God to us and his ever-enduring mercy helped us to see our errors, mourn our waywardness and come nearer unto Him for strength, guidance and protection in the future. Then followed an earnest, heartfelt petition to the sinner's friend, the Creator of the universe. Ere the prayer was completed the moral stupidity of the convict was awakened and he burst into tears, crying to be forgiven by Him who remembered the thief on the cross.

If such cases can be reached we have no reason for despairing over those whose sins are of less magnitude. Our only anxiety should be for an increase of knowledge that we may assist them in choosing a better path where they may advance to purer work. Then may we never rudely treat a created mortal but as we diligently pursue an inquiry after proper remedies to alleviate physical suffering may our study bear an influence over our whole lives until we shall receive and distribute that panacea arising from a belief and practice of that important truth "God is our father and all men are brethren."

RE-VACCINATION.

For the first quarter of a century subsequent to the introduction of vaccination, it was so generally protective from small pox where practiced, that it was only at the latter end of that period that observers began to notice the necessity for its repetition. Many persons at that time, as at the present, were prejudiced against vaccination on account of the alleged communication of loathsome diseases by this means. Vaccination thus became the scapegoat of those who would cover their shame. Hence it fell into disrepute and neglect. But then too as now small pox was lurking in the wake of the unwary and eventually fell upon the people as in the days of yore. The city of Marseilles, in 1825, had a population of forty thousand, only three quarters of whom had been vaccinated. Two thousand had had the small pox, and eight thousand had neither had the small pox nor been vaccinated. Of the thirty thousand who had been vaccinated two thousand contracted small pox, twenty of whom, or one for every one hundred affected, died. Of the two thousand who had previously had small pox, either naturally or by inoculation, twenty contracted it again and four of these died, or one for every five. Of the eight thousand who had not been vaccinated nor had small pox, four thousand contracted it, and one thousand, or one in every four, died. It thus appears that one half of the non-vaccinated, one fifteenth of the vaccinated and one one-hundredth of those who had previously had small pox took the disease. But such was the difference in the comparative mortality of the attack in the vaccinated and those who had previously had small pox that while that portion of the population who had been vaccinated only lost one out of every fifteen hundred, those who had small pox the second time lost one out of every five hundred. In the Wurtemberg army of forty thousand cases reported, on revaccination it was found that out of every one hundred vaccinated after small pox thirty-two succeeded, twenty-six were modified and forty-two failed. In every one hundred re-vaccinated thirty-four succeeded, twenty-five were modified and forty-two failed. In the English army, from October, 1858, to December, 1859, thirty-two thousand five hundred and ten cases of vaccination are tabulated. Of this number four thousand one hundred and twenty-four bore marks of small pox; twenty-three thousand nine hundred and twenty-four bore good marks of vaccination; one thousand nine hundred and one bore doubtful marks of vaccination; and two thousand five hundred and sixty-one had no evidence either of vaccination or small pox. By reducing these figures to the same scale as those for Wurtemberg it will be found that of the four thousand one hundred and twenty-four who had previously had small pox on vaccination one thousand four hundred and seventy-three, or thirty-five per cent., succeeded; seven hundred and ninety-nine, or nineteen per cent., took imperfectly and one thousand eight hundred and forty-two, or forty-four per cent., failed. Of the two thousand five hundred and sixty-one who had no evidence of protection on vaccination one thousand three hundred and sixty-two, or fifty-three per cent., took well; four hundred and eighty-four, or eighteen per cent, imperfectly; and seven hundred and fifteen, or twenty-three per cent., failed.

In the Prussian army, in 1860, sixty-nine thousand and ninety-six soldiers were vaccinated; fifty-seven thousand three hundred and thirty-five showed marks of previous vaccination;

forty-four thousand one hundred and ninety-three took well a second time and eight thousand two hundred and fifty-six partially, sixteen thousand and forty-seven failed and were vaccinated a third time, when five thousand five hundred and seventy-seven proved successful, leaving eleven thousand six hundred and fifty failures or persons exempt. Out of the whole sixty-nine thousand and ninety-six (seventy-two per cent.) took. During the next subsequent year among this whole multitude there were fourteen cases of varioloid and four cases of small pox and every one of them occurred in persons who had not been re-vaccinated.

During the late rebellion Dr. S. O. Vanderpoel, surgeon general of New York, published returns made to him of nine thousand five hundred and forty-eight recruits examined and tested. Of this number seven thousand seven hundred and sixty-five had marks of previous vaccination. On re-vaccination one thousand three hundred and thirty-eight took. Similar experiences, covering many thousands, might be given, all conducing to the now accepted fact by all who have carefully examined the subject that vaccination is liable to a loss of its protective power and that although no certain period of limitation can be fixed for its effectiveness, it is nevertheless quite certain that its loss of power bears some proportion to the lapse of time. For those who have been vaccinated in infancy, after ten years an increasing susceptibility begins to be observable, which increases with age, and at the age of twenty-five about sixty per cent. of such persons will on exposure contract the varioloid.

Persons who have had small pox in infancy are, at adult age, only 2½ per cent. less liable to have it again than those who have been vaccinated in infancy—a proportion too small to be regarded as any evidence of real difference in protective power and reasonably attributable to spurious or impaired vaccination from a variety of causes, such as vaccination during the progress of other diseases, injury to the vesicle or defective lymph. The necessity for vaccination, therefore, in adult persons who have had small pox in infancy and the re-vaccination of those who have at the same age been vaccinated is equally great. More than half of all such persons are liable to small pox on exposure. Ten to fifteen years after a second vaccination, or vaccination at the same period of time subsequent to small pox in infancy, liability to small-pox begins again, but in far less degree than in the former period. From a very large amount of reliable information from a variety of sources, the necessity of re-vaccination may be summed up as follows: The liability to varioloid after ten years of age of persons vaccinated under three years of age and the increased liability again from fifteen to twenty-five years of age of persons vaccinated or revaccinated at from ten to fifteen years of age demonstrates that, generally, protection by vaccination under twenty-five years of age is complete for about seven years only. Subsequent to twenty-five years of age, protection is complete for a longer length of time, proportionate to the age of the individual at the time of the vaccination.—*The Sanitarian.*

OPACITY OF THE CORNEA.

BY C. H. VON TAGEN, M. D.

PANNUS

is that form of corneal opacity known among modern ophthalmologists in which the anterior layer and first corneal lamina of that structure present a diffused opaque and more or less vascular condition of the same. The derivation of the word is due to its resemblance to a piece of cloth, although the word, strictly speaking, is applicable to other meanings, many of which may be said to be vague and equivocal. For instance, a tent for a wound is sometimes called a pannus; an irregular nævus or mark upon the skin was formerly termed pannus.

Some confusion exists in the minds of many of our professional brethren as to the nature and extent of this affection. It is not an unusual circumstance for patients to apply for relief with this trouble under the conviction that nothing short of the knife will suffice to remove the "scum" or "film", commonly so called, from their eyes, stating at the same time that their physician had told them so, etc. My object in offering these remarks is to explain away and disabuse the minds of those who harbor such impressions, if any there be in our ranks or among the readers of this journal. In justice, however, to those of our brethren who have not had the facilities of clinical instruction in ophthalmology and who are cut off from obtaining concise and accurate information upon this and kindred diseases of the eye except they have the time to peruse and the means to provide themselves with the current works of the day that treat upon these subjects, most of which are of a costly character, the text books generally (the exceptions being few) are very meager in supplying the desired information—for such these remarks are especially intended.

It is very easy to discriminate between the various forms of corneal opacity and I might add very properly that every practitioner should be able to recognize with the aid of a little practice and an ordinary pocket lens each variety of opacity of the cornea, unaided by the ophthalmoscope.

Opacity of the cornea may for the sake of description be divided as follows: first, pannus, the milder and common form second, nebula; third, albugo. The first and second may be said to be, in a majority of cases, susceptible of improvement if not wholly curable. In a fair proportion of cases such is the fact. Especially is this the case in the first variety, or pannus. The cornea in this form is more or less vascular, the cloudiness or opacity commencing at the corneal periphery, thence gradually extending to the center. Occasionally the reverse of this occurs; that is, the central portion of the cornea may be primarily invaded, thence it will travel toward the periphery. That the material to which the cloudiness or opacity is due is of neoplastic formation and exists in the form of cells beneath the epithelial layer of the cornea is, I believe, an admitted fact by most authorities on the subject. Pannus proper, as before remarked, is confined to the anteria elastic lamina or membrane of Bowman and conjunctival layer according to Wedl. These neoplastic formations show a tendency to develop into connective tissue and blood vessels form among them, of which there appear to be two sets situated beneath the epithelium and somewhat below the anterior elastic lamina. One set is entirely venous and appears to be a direct continuation of conjunctival vessels. This set forms a tortuous net work of blood vessels in form of a large mesh covering over a considerable portion or the whole of the corneal surface. Between the meshes of blood vessels may be seen the opaque and hazy condition.

The second set of vessels referred to are arterial principally, are straight and parallel and are located beneath those. Continued from the conjunctival they proceed from the anastomosis that exists between the conjunctival and sub-conjunctival vessels at the limbus conjunctiva. There they form a bright red zone. When the vascularity and opacity is extreme and the cornea presents a red and raw appearance "pannus crassus" has been applied to this form. When the blood vessels are few and scattered and the opacity or cloudiness limited and slight, it is called "pannus tennuis."

In the severer forms of pannus there is photophobia, lachrymation and neuralgic pains over the supra orbital, infra orbital, nasal and temporal regions accompanied with marked conjunctival and even sub-conjunctival engorgement.

When this form has run a very protracted and chronic course the irritability of the eye is inconsiderable. The corneal surface then becomes more opaque, irregular and somewhat roughened, its epithelial layer presenting a hypertrophed and thickened appearance and finally assumes almost the appearance of the cuticle of of the epidermis. Again, the epithelium may be shed or cast off at different points over the corneal surface, presenting irregularities and superficial facets.

In exceptional cases, the cause being a long continued and aggravated one, extensive ulcers result which may lead to perforation of the cornea and, as a sequence, anterior synechia and staphyloma, or bulging out of the cornea, will take place. A long continued pannus, especially of the aggravated form, seems to very much weaken the cornea, which gradually yields to the pressure from within (intra ocular) the eye ball. It will then lose its normal curvature and become bulged forward and although the cornea may again regain somewhat of its transparency the staphyloma will always remain, which will of course mar the visual powers to a greater or less extent.

By far the most common cause of pannus is granular ophththalmia, in which the roughened lids, particularly the upper,-teaze and irritate the corneal surface. Entropion and inverted eye lashes will produce it, cretefication of the meibomian glands (chalazion), exposure of the eyes to chemical irritants or a bright blazing heat. Phlyctenular ophthalmia may also be stated among the causes of pannus.

NEBULA.

The distinction between pannus and nebula is scarcely worthy of comment, varying not so much in character as the amount of surface involved. As a rule, the latter is more circumscribed than the former and may be ascribable in part to a displacement of some of the corneal elements; to a disturbance of the nutrition of the cornea from the compression of the vessels and nerves, either from inflammatory action with or without intra ocular pressure from within. Nebula, like pannus, is usually superficial and more amenable to treatment than the denser form, of which we have yet to treat. The appearance of nebula is that of a faint grayish blue haze with a central or opaque whitish spot denser at the center than at the periphery while the remaining corneal surface surrounding this spot may be comparatively clear. Usually nebula is centrally located, although it may be found at some point near the periphery. Causes—cicatrices resulting from superficial ulceration or wounds, exanthematous ophthalmia, etc.

ALBUGO,

sometimes termed leucoma (the words are used synonymously), denotes a dense white opacity of the cornea (the latter derived from the Greek *leukos* "white," the former signifying the same). The deeper layers of the cornea are involved in this form. The outlines of albugo may be irregular and may be of a uniform grayish blue or grayish white color, may be made up of one or several patches or spots varying in extent or shape. These spots after a long time look like opaque chalky nodules strewn over different points throughout the cornea. The entire five layers of the cornea are not unfrequently involved in this form, is very hard, dense; in some cases the cornea becomes partially transformed into fat, fibro-cartilage, cartilage and even bone. A confirmed case of albugo may be regarded as incurable and although essentially an analagous tissue to the corneal structure is still a very crude and imperfect representation, which upon comparison does not bear a very striking likeness. It is a well known anatomical fact that mechanical pressure exerted upon the corneal surface will soon affect its transparency, becoming quickly opaque. Any alteration in its component parts will effect a similar result.

Treatment.—Chronic ophthalmia being the most prolific source or cause of pannus, we will first consider this class ot cases. By far the most important and efficient therapeutic remedy known at this present time is the argentum nitricum. The following are the indications: Itching and smarting of the canthi, sensation as of a grain of sand; mucous flocks impeding the sight, conjunctiva red and injected, especially near the corneal opacity, the entire cornea being covered over with a white opaque, apparently dense but not very deeply penetrating spot; pains in the eye *abating in the cool and open air,* intolerable in a warm room.

It is my custom in treating diseases of the eye to use locally the same remedy I administer internally. A solution of argentum nitricum in the form of crystals, one half grain to the ounce, applied daily to the palpebral conjunctiva by means of a camel's hair pencil.

EUPHRASIA.

Inflammation and ulceration of the eyelids, with headache; corneitis pellicula or cloudiness over the cornea; rheumatic inflammation of the eyes; gum in the canthi and fine eruption around the eyes; chemosis; profuse lachrymation of burning, acrid tears (non-purulent); pain in frontal sinuses. Repeat the remedy every two to four hours according to severity of the symptoms. For local use five to six minims to aqua distillata one fluid ounce and apply to inner surface of lids freely. The lotion will find its way over the ocular surface when the lid is replaced, after having been everted. When the lachrymation is profuse a good plan is to mop away the secretion by means of a piece of soft old linen cambric and then promptly brush over with the lotion. In all such cases this should be done, for in this way the application will not be deteriorated by mixing with the acrid or purulent secretions that are usually so profuse.

SULPHUR.

With this grand and time honored remedy, although much abused by our heroic brethren of the old school, I have obtained some brilliant results. Indications are as follows: Burning and itching or smarting in the eyes; obscure cornea; ulcers on the cornea; intolerance of light of the sun; granular ophthalmia; cloudy, milky appearance of the entire corneal surface of one or both eyes; scurfy lids. It is especially indicated in strumous temperaments disposed to eruptions, etc. I invariably use this remedy high internally and a lotion of the first decimal in the same proportion as to the strength of the remedy preceding this; apply in the same manner.

CALCAREA CARBONICA.

Opacities of the cornea in new born infants, with red and swollen lids that become agglutinated every night. Especially in cachectic and emaciated infants who are slow and difficult to teeth. Other homœopathic remedies might be added to these but none so positive in their results as those referred to.

In the *British Medical Journal* for August, 1872, an article appears recommending "tinting the cornea" for opacity. The author (C. B. Taylor, M. D.) claims for the method that not only is the unsightly appearance rendered indistinguishable from the neighboring black pupil but that vision is likewise improved, owing to the suppression of light. The writer claims also that not only is the operation painless and free from danger but easy of execution. The substance used principally is India ink and the following is the method for applying it: Fine needles to the number of one to four are firmly wrapped in a bunch and secured in a handle of wood or something of the kind; the solution of ink is then made about the same strength as for drawing purposes; the points are then dipped lightly in the solution and the opaque spots are pricked repeatedly and in rapid succession until they are thoroughly tatooed.

Nitrate of silver and lamp black have been used for the same purpose. One sitting usually suffices when the two latter articles are used.

Transplantation of the Cornea has been tried and advocated by Henry Power, F. R. C. S.—*vide Medical Times and Gazette*, August, 1873. He removes a portion of the opaque cornea with a special sharp punch; then from the healthy cornea of a rabbit he, with the same instrument, secures an exact corresponding piece and transfers it to the space in the human eye, which it accurately fits; the lids are then coaptated and secured and in a week's time the author states union is complete. Whether the transplanted portion will remain clear even should union ensue has not yet been definitely settled. Mr. Powers exhibited a patient at the meeting of the International Ophthalmological Congress upon whom he had operated shortly before with promising results.

Canthoplasty has also been recommended and in my hands has certainly paved the way to recovery, the disease proving much more tractable and amenable to treatment than before.

There are three methods of performing this plan. First, incision or excision of chemotic conjunctiva; second, removal of a triangular piece of skin (down to the muscle) from the upper lid; third, splitting of the outer angle or external canthus down through, completely dividing the orbicularis palpebrarum muscle. The last named I can vouch for the value of; of the first and second deponent knoweth nothing much. To prove effectual the operation must be thoroughly done and in the following manner: Make an incision commencing at the apex of the outer angle of the canthus of the affected eye, being careful to divide freely the fibers of the orbicularis palpebrarum muscle and structure beneath, including the conjunctiva; then by means of a fine needle and ligature approximate as accurately as possible the conjunctival edge with that of the outer integument. In this way union of the cut edges is prevented—and this is highly essential to the success of the operation. Without this precautionary step it is almost impossible to prevent defeat as there is marked tendency to union, especially when the parts have been for a long time in a state of chronic inflammation. A dressing of arnicated water or some other healing agent with a light dressing is all that is needed to aid the healing process. Usually the sutures can be removed on the third or fourth day. The same principle is involved in this operation as that for fistula in ano, viz: the putting to rest and quietness the offending muscle, for it is by the spasmodic action of this muscle, due to reflex nervous irritation in consequence of the severe inflammatory condition of the eye and its tunics, that undue pressure is maintained upon the eyeballs.

The credit of this operation is due to Dr. H. Althof and it may be employed in granular, phlyctenular and diphtheritic ophthalmia, keratitis and blennorrhea.

We will have more to say on this procedure in a future number, having now a case on the road to recovery which proved most fractious and stubborn, continuing so for a period of twenty years, resulting in blindness so complete that he had to be led. He is now able to read very fine type with perfect ease.

Chemical Department.

CONDUCTED BY E. R. TAYLOR, B. S., ANALYTICAL CHEMIST.

Detection of Impurities in Alcohol and Chloroform.

[From Hoffman's Examinations of Medicinal Chemicals.]

Fusel Oil (a mixture of ethyl and amyl alcohols, containing traces of propylic, butylic and other alcohols) and *aldehyde* may be detected by mixing about half an ounce of the alcohol with an equal volume of pure ether and by subsequently adding an amount of water equal to the volume of the mixture; the whole is shaken and when subsidence has taken place the ethereal layer is decanted and evaporated at the common or at a slightly raised temperature. After the evaporation of the ether the remainder will give the characteristic odor of fusel oil or of any flavor indicative of a previous employment of the alcohol for the extraction of vegetable substances.

Methyl Alcohol.—Among the several methods for the detection of methylic alcohol as an admixture in ethyl alcohol the following is least open to objection : Thirty grains of powdered potassium bichromate is dissolved in a little flask in half an ounce of water; twenty five drops of concentrated sulphuric acid and subsequently forty drops of the alcohol under examination are added and the flask closed with a cork provided with a delivery tube leading into a large test tube, coiled in ice water. After allowing the mixture to stand for about a quarter of an hour, the flask is gently warmed until about half a fluid ounce of distillate is obtained; the distillate is then slightly over saturated with a little crystallized sodium carbonate and evaporated to the bulk of about one quarter of an ounce; when cool, it is filtered into a small test tube and then slightly over saturated with a few drops of acetic acid; twenty drops of solution of argentic nitrate (1:20) is then added and the mixture gently heated for a few minutes. If the liquid merely darkens a little but continues quite translucent, the alcohol is free from methylic alcohol; but if a dark brown or black precipitate of reduced silver separates and the test tube after being rinsed and filled with water shows upon its interior a brilliant metallic resplendence which when seen against white paper appears brown by transmitted light the alcohol is methylated.

Examination of Commercial Impure and of Purified Chloroform.

As a *preliminary test* for the indication of a partial decomposition of chloroform, a test tube may be rinsed with aqua ammonia and subsequently one or two drops of the chloroform may be allowed to fall to the bottom of the tube; the appearance of white fumes would indicate such decomposition. In another test tube equal volumes of the chloroform and of water, the latter slightly blued with neutral litmus solution, are shaken; a discoloration or a red appearance of the water after subsiding would likewise show decomposition.

The result of these tests should be negative if the chloroform has been previously exposed in a white glass bottle to direct sunlight for about ten hours.

Chlorine and Hydrochloric Acid.—Two volumes of chloroform are shaken in a graduated cylinder with one volume of water. A perceptible diminution of the volume of the chloroform after subsiding would indicate an objectionable percentage of alcohol. The super-natant water must neither appear turbid nor redden blue litmus paper nor render a precipitate when tested with dilute solution of argentic nitrate. An acid reaction upon litmus and the occurrence of a precipitate with the latter reagents would indicate *chlorine* and *hydrochloric acid.*

Ethene Chloride (Dutch Liquid).—A little fused potassium hydrate is dissolved in a dry test tube in some absolute alcohol; when the solution has subsided the clear part is decanted into a dry test tube and a little chloroform added. No reaction will take place in the clear fluid unless the chloroform contains Dutch liquid, in which case an elevation of temperature will appear perceptible by a small thermometer immersed in a liquid; a slight evolution of gas from the liquid will also occur and a crystalline precipitate of potassium chloride.

Epidemiological.

WAUKESHA, WISCONSIN.

I have been using an alcoholic tincture of xanthoxylum (prickly ash) in cases where the limbs were swollen below the knees, having a dropsical character just above and around the ankle with peculiar rheumatic pains attending the same, with itching erysipelatous spots on the calves of the legs from one to two inches in length and breadth. Also bunches the size of a small marble making their appearance in different parts of the body. Otherwise patients feel well, appetite good, sometimes restless at night. A peculiar psora acting very much in this locality as an epidemic in plethoric habits.

Dose three to four drops in a tablespoonful of water every few hours. No external application.

Various other remedies have been tried, both internally and externally, but without success. Xanthoxylum cured or produced convalescence in every case.

V. L. Moore.

March 29th.

VINCENNES, INDIANA

has been having an epidemic of cerebro-spinal meningitis with an average mortality of seventy-five per cent. under allopathic treatment and twenty-five per cent. under homœopathic. Veratrum viride, hyoscyamus, heleborus niger and stramonium were the oftenest indicated and used with the above remarkable results. One of the symptoms oftenest present was profane or laughing delirium. Sometimes patients were so restless and uncontrollable as to require the utmost endeavors of three or four to keep them in bed. The cases which proved fatal generally ran their whole course in from twenty-four to forty-eight hours. Nearly every case was ushered in by a chill.

CAUSES OF TYPHUS.

The *Popular Science Monthly* states that the theory usually received that typhus is predisposed by mental depression, anxiety, fear of contagion, intemperance, insufficient nutriment and overcrowding has been disproved during the recent siege of Paris and Metz. Excepting the fourth cause in the case of Metz the inhabitants were subject in excess to all these conditions, and yet not a single case of typhus occurred, while the German besiegers were constantly ravaged with the disease. Owing to this conflict of theories Dr. Chauffard, of the Paris Academy of Medicine, began anew the investigation of the subject with the following results: The epidemics of France have always had a foreign origin and the disease has never become endemic. The epidemic of 1814 was brought by the defeated armies from the north and that of 1855–6 by the troops from the Crimea. He regards the disease as localized in origin like cholera or yellow fever. He shows that at New Orleans the yellow fever destroys most whites and cholera most negroes and that the negroes can better resist the morbid influence of marshy soil than can whites. He gives many facts to support his theory and replies to the objection that typhus occurs in prisons and among convicts condemned to the galleys by claiming that such outbreaks of supposed typhus are really only typhoid fevers of an unusual character. "In fact, ever since the French physicians had, after the Crimean war, an opportunity for more closely studying true typhus, prison epidemics are not often characterized as outbreaks of that disease." The author then examines certain cases where undoubted typhus has made its appearance spontaneously, as might be supposed, on French soil and explains the occurrence by importation from foreign soils.

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Editorial.

At last we are punctual and hope our exchanges will give is due credit.

ERRATUM—On page 135 for "alternated" read "afterward."

The Ohio State Homœopathic Society

meets at Columbus, Tuesday, May 13th. It is hoped there will be a full attendance as matters of importance are to be considered.

The American Institute

holds its next session at Cleveland, June 3d, 4th, 5th and 6th. Let no one forget and let every one come prepared to investigate the subjects for discussion so that this may be the most interesting and valuable session ever held. We hope the editors of all homœopathic publications will be on hand and ready for work. Cleveland is preparing to greet you all. Come.

Homœopathy and the Michigan University.

On the 18th of March the Michigan house of representatives in committee of the whole voted in favor of the senate bill establishing before July 1st, 1873, two professorships of homœopathy in the state university at Ann Arbor, Michigan. As matter of general interest and information we now give a summary of subsequent proceedings on this question, which is one of great importance to our profession. After the house committee of the whole had voted to recommend the passage of the senate bill a committee was sent to Ann Arbor to investigate the affairs of the university. Such portions of their investigation as relates to matters pertaining to other branches than the medical department we omit.

On the 23d of March the committee met to consider the question of what school of medicine is taught in the medical department of the university.

Dr. Douglass was first placed on the stand and said that technically his department, which is that of chemistry, knows no homœopathy, allopathy or any other pathy; that it is pure science; that the only departments of the medical school in which there would be any difference as to schools of medicine are those of *materia medica* and theory and practice.

Dr. Ford said about the same and said, further, there was nothing in his department which would conflict with the establishment of homœopathic departments of *materia medica* and theory and practice but his medical friends and the profession outside would object to his teaching in an institution in which homœopathy is recognized as a science. They would not be willing to associate with him if he should associate with homœopathists. Dr. Ford said that students who graduate every year go out and practice homœopathy without any further instruction. He denied that this institution is an allopathic institution but admitted that there is taught what outsiders call allopathy.

Dr. Palmer, professor of theory and practice of medicine, said that no general rule was given in his lectures as applicable to the therapeutical use of medicines. The medical faculty of the university adopts no exclusive system in teaching medicine. The system taught is opposed to all exclusive systems, as much to allopathy and aulepathy as to homœopathy. "We consider homœopathy as a false system. The reason why the homœopathic physicians are apparently so successful is that they do not, in four fifths of the cases, practice what they preach—they do not follow their maxim *similia similibus curantur*. The doctrine of medicine which we teach is not as perfect a science as many others but is mostly made up from personal experience and details of cases laid down in medical books. We call our system 'regular medicine.' We would not regard the course of medicine as taught in a homœopathic college as sufficient to entitle a student to enter this university. We do not receive a 'certificate of time' from a homœopathic physician from a student on entering the university." The doctor said that in his opinion the effect of appointing two homœopathic professors in accordance with the provisions of the bill now pending before the legislature would be totally ruinous to the school. His reasons were that it was dependent upon the regular profession for students and that they would not respect a diploma given by such an institution. "We are dependent not upon the people at large but upon physicians who are preceptors of students and would advise their pupils to go elsewhere." He supposed that the influence of the regular school of medicine was superior to the influence of the university so far as furnishing students to the medical department is concerned. The medical practitioners determine the course of the students. The reason why the medical faculty opposed the introduction of homœopathy is that the regular practitioners would not send students and the department would be ruined and that the professors would be disgraced in the profession and in all probability expelled from the American medical association, which would be a wound to their honor too great to be borne.

Dr. Sager, dean of the medical faculty, was then called. He said that the treatment of all diseases of women and children would be different in homœopathy.

Professor Palmer said as much as that the admission of homœopathic professors would cause his resignation. The question was put directly to Dr. Ford what would be the effect on him if such professors were appointed but he refused to answer.

On the 24th Messrs. Walker, Gilbert and Willard, regents of the university, and the president were appointed a special committee to express to the committee of the house of representatives the views of the board of regents on the subject of teaching homœopathy in connection with the medical school as existing at Ann Arbor. The next day the following

MAJORITY REPORT

of the regents was adopted by the regents :

To the Hon. A. D. Gilmore, chairman of the committee of the house of representatives of Michigan :—The board of regents of the university, in answer to the questions proposed to it by your committee, beg leave to say:

In answer to the first question, as to the sectarian character of instruction in the medical department of the university, that this department was founded thirty years ago, when the questions now extant in medicine were comparatively unknown. The professors who founded the department are still with us, having given their lives' work to its upbuilding. They and all their colleagues, as is well known, belong to the so-called regular school of physicians and naturally teach according to their belief. When the board ten years ago assumed the management of the university it found the medical school most prosperous and efficient and it made no radical changes in its management. It has labored to give all students broad and liberal culture in medicine, to teach general principles common to all medical education. How far any special doctrines of any particular school have been taught instead of general principles, the committee will have fully learned from the testimony of the professors who have appeared before it. No student has been questioned in the least as to his peculiar beliefs or distinctions made of any character on account of sectarian sentiments in medicine among students. There are homœopathic students in every medical class who receive degrees upon examination precisely like their fellows and not a few of our own graduates are now distinguished practicing homœopathic physicians.

Secondly. As to the reasons which have influenced the board in its past action on the subject of homœopathy:

That this has been the vexed question for the ten years of the administration of this board; that it has for that time given its earnest attention and study to the matter, which it has always considered the most troublesome and threatening question affecting the success or prosperity of this the noblest and most successful of the institutions of the state. The board in this matter has had no sectarian prejudices and has only sought the best good of the institution placed by the constitution and the law under its control; that when in 1867 the legislature attached to its appropriation of one twentieth of a mill on a dollar upon the valuation of the state the "homœopathic proviso," so-called, this board undertook in good faith to carry out the will of the legislature. It passed a resolution in April of that year accepting the appropriation upon the condition proposed. The result was that the resignation of every medical professor was placed in its hands. After the most strenuous and earnest efforts to reconcile the matter and retain the integrity of the department the board came reluctantly to the conclusion that such a reconciliation was an impossibility and that the two systems could not agree together in the same institution. Rather than destroy a department which had brought such honor and reputation to the university (it being the largest medical school out of a metropolitan city in the world) the board receded from its position and in March, 1868, it undertook to comply with the "proviso" by organizing a school of homœopathy away from Ann Arbor and appointied Dr. Hempel one of the professors. The board then asked for the appropriation from the state treasury but was refused. Upon an application for a *mandamus* the supreme court decided that a school out of Ann Arbor was not a compliance with the act of 1867 and refused the writ. The board then appealed to the legislature of 1869, stated its reason for non-compliance with the proviso of 1867 and that proviso was repealed and the accumulated money in the treasury given to the board with provision for the future.

That in the investigation and study of this matter which has engaged the attention of the board for so many years it has come to the conclusion that the causes which in this country render union of two schools in one institution entirely impracticable are:

First—The intense and irreconcilable feeling of hostility which exists between the different schools of medicine.

Second—The thorough system of organization existing in the so-called regular school of medicine, extending from city and county to state and national societies, which is so imperious and perverse that (1) no professor can teach in a school connected with homœopathy without absolute professional ostracism, (2) no student who believes in the regular system so-called will attend such a school because his studies and lectures in an institution irregular and unrecognized by these societies will not admit him into the professional ranks of the school to which he belongs.

These reasons are apart entirely from anything peculiar to this state or this university but belong to the present position of medical science and ethics in the United States and can neither be controlled nor ignored by those who are placed in practical charge of living institutions and for them the regents can in no wise be held responsible. The board will most cordially unite with the legislature in anything practicable which shall harmonize this difficult matter.

(Signed)
E. C. Walker,
Thos. D. Gilbert,
Hiram A. Burt,
Joseph Estabrook,
J. H. McGowan,
C. B. Grant,
Charles Rynd.

Regent Willard submitted a minority report as follows:

The undersigned, while assenting to the above communication as a statement of the facts which have influenced the past action of the board of regents in the management of the medical department, desires to state that he retains the opinion which he has hitherto indulged that the appointment of a professor to teach the homœopathic theory and practice of medicine is alike required by the dictates of equal justice to the large class of citizens in the state who patronize such practice and is justified by a deference to those sentiments of enlightenment and liberality so characteristic of our educational system. At the same time he deprecates any action on the part of the legislature looking to interfere with the internal regulation of the university or the general management of its affairs save by way of resolutions of recommendation, since he regards such action to be fraught with great peril to its future usefulness. He believes that to the regents ought to be left the sole responsibility of dictating the kind of instruction to be given in every department which the constitution of the state has confided to their charge and control.

(Signed) GEORGE WILLARD.

The senate committee on the same evening called upon Regent Rynd but he refused to answer any questions that were put to him as a regent. He said he did not admit the right of the legislature to question the action of the board of regents or to lay any restrictions upon that body or to dictate to it in any manner whatever; that he was ready to answer any question that might be put to him as a citizen of the state.

Regent Grant said before the committee that he had never received or heard of any complaints made to the regents as regards the sectarian views and teachings of any member of the university faculties and that he was not aware that any person has ever applied sectarian tests to applicants for chairs in the university; that he did not know what system of medicine, if any, was in the medical school; that he regarded the establishment of homœopathic professorships as likely to induce the destruction of the medical school.

The committee examined Dr. Ellis and Dr. Woodruff, the former a homœopathic physician of Detroit and the latter of Ann Arbor.

Dr. Ellis said that he was a member of the medical class in 1854–5 and that he is now a professor in the Detroit homœopathic college; that homœopathy was often alluded to before his class in the state university but always in a disparaging manner; that he did not think it was the right way to settle this question by establishing professorships at Ann Arbor; that the true way would be to establish a branch of the university at some other place; that nineteen twentieths of the homœopathists of the state were of the same opinion; that five thousand dollars annually would be a sufficient aid from the state; that there is taught in the university a system of medicine known outside as allopathy.

Dr. Woodruff said that he was a student in the university in 1851 but did not graduate; went to the Cleveland homœopathic college; that allopathy was taught in the medical school and that in the university is the place for the establishment of the homœopathic professorships, both by right and in economy; that the homœopathists are willing to start with two professorships but more will be asked for by and by; that a large majority of the best homœopathic physicians in the state desire to see the professorships at Ann Arbor and nowhere else.

On the 28th the bill came up before the house for passage. A long debate ensued but at its termination the bill passed by a vote of fifty-five to fifty-three and became a law.

Homœopathy in Cleveland.

It is several weeks since the homœopathic hospital college was re-opened in its new location, No. 66 Huron street. This property, formerly known as the Perry property, cost a large sum and from its central location, its pleasant appearance and its attractive surroundings is well adapted for use as a hospital. The building itself is conveniently arranged and at its recent opening the contagious remark was that if all hospitals were like this it would be pleasanter to be sick in a hospital than in most homes. The wards are admirably furnished and many maimed and sick have already passed verdict in favor of its patronage. The matron, Mrs. George, is a very kind and skillful nurse and from her experience is able to give every suffering inmate a mother's care. The patients also receive daily attention from the house physician, Dr. W. F. Hocking. There is also in attendance a regular medical and surgical staff of physicians. Patients are thus insured the benefit of the best medical skill, associated with such nursing and comforts as wealth alone can procure.

Physicians having patients requiring medical or surgical treatment or patients suffering from diseases of the eye and ear will secure for them by sending them to the hospital skillful and satisfactory treatment at moderate charges for board and nursing.

Bilious Humor,

in the *Science of Health* is now transformed into "biliousness and a torpid liver," "bad blood," "congestion of the brain," "structural malformation" and a series of intelligent articles on diseases of the eye. One correspondent (E. G. P.) in the May number receives the following directions for inflammation of the eyelids: "You will find the treatment in the *Science of Health*. Read the serial articles on diseases of the eye."

We congratulate the readers of that journal on the benefit received from the discussion which has been going on between it and the REPORTER.

Homœopathy in Missouri.

At a meeting of the board of health of St. Louis on the 18th of last January a resolution was unanimously passed by the board granting the faculty of the homœopathic medical college of Missouri one day in each week to take their students through the city hospital for object lessons and clinical teaching.

Homœopathy in Kentucky.

The first meeting of the homœopathic state society of Kentucky will be held at Louisville on the 6th and 7th of May next. All homœopathic physicians are invited to be present and those residing in the state are urgently requested to lend their hearty co-operation.

Literary Notes.

TUKE on the Influence of the Mind on the Body.

Henry C. Lea, Philadelphia. Cloth, $3.25.

The scarcity of works of this character which are of service to the physician makes the present one more valuable and renders it worthy of more extended criticism than our space will allow us to give. Who attempts the task will find it a very difficult one, inasmuch as it opens up a field of research which, as we have already intimated, is too little explored. Moreover, the present work does not advance untenable theories but gives illustrations, positive facts, illustrating the influence which the mind has upon the body, and it is well known that when truthfully told criticism of the facts falls to the ground and the only criticism that can be advanced is upon the motives which led to the facts or to the relation of them. It is generally conceded that the mind has a majestic influence over the body and thus we have the explanation of many cures and the attempted explanation of many more. John Hunter says "There is not an action in the body, whether involuntary or voluntary, that may not be influenced by the peculiar state of the mind at the time." Burton says "some are molested by phantasie; so some, again, by fancy alone and a good conceit are as easily recovered." Hence many eminent physicians use strategy in the curing of hysterics and of those who have long been afflicted with other diseases and every physician uses the same medicament when he endeavors to cheer up his patient. By this means we believe many have successfully passed crises which would otherwise have been fatal.

The author in speaking of the influence of the emotions upon sensations says: "An emotion may excite ordinary sensations, may suspend them altogether or may induce excessive and morbid ones. There can be no question as to the fact that moral disgust does in some instances cause the sensation of nausea or that distress of mind may occasion neuralgia or fright the sensation of cold or that the special senses may under fear be stimulated centrally so as to cause subjective sensations, whether olfactory, visual, auditory, gustatory or tactile. These facts remain of interest and importance although the bare statement of them suggests some questions of difficulty. They are so whether our physiology regards the functions of the hemispherical ganglia as comprising the sensational as well as the ideational elements of the passions or whether it relegates the former to the sensory ganglia. They are so, although not only do mental and physical sensations merge imperceptibly into each other—for we constantly witness the same results from emotional as from sensational excitement, physical and corporal pain alike acting upon the body—but mental sensations are so united with their associated ideas that it is difficult and often impossible to separate the purely emotional from the ideational elements of passion." It is then shown that this action of the emotions upon sensation "is not confined in its operation to the susceptible and nervous but operates on men even of the highest mental endowments. And if calm, impassioned thought can thus affect sensation, how much more profoundly will an intense emotion, as fear or joy ?"

"Our starting point, then, is this: Emotional impulses may act upon the sensory ganglia and nuclei of the nerves of sensation so as to produce any of those sensations which are ordinarily induced by impressions upon their periphery; such sensations, although central, being referred by the mind to the peripheral termination of the nerve."

"In cases of hysteria, in which there is loss of sensation, it is difficult to decide to what extent this condition can be fairly referred to the abnormal state of the emotions and frequently the invasion of the disorder is so gradual as not to be obviously connected with any special mental exciting cause; at the same time the observations of many physicians would confirm the statement of M. Briquet that 'it is not rare to find it coming on quite suddenly after emotion.' He observes that the intense headache generally present at the time indicates the psychical origin of the disease."

"Probably no sensation is more universally recognized as connected with emotion than the instantaneous epigastric feeling which may pass into a complete qualm in the sense of sickly faintness or even into a qualm in the sense of its Saxon original—death." The author here, as he does in many other portions of the book, instances many examples in support of his statements and theories.

The chapter upon the influence of the emotions upon the organic or vegetative functions is particularly interesting. He first speaks of their influence upon the blood, citing examples. In one case from Hunter the blood of a man who had died in a fit of passion was found fluid, as in death from lightning or a blow upon the stomach. And again he demonstrates the position of Bichat that "it is by the modifications which the mother's blood receives from vivid emotions that we must explain their influence upon nutrition, the growth and even the life of the fetus, to which the blood is supplied through the placenta." He then speaks of its influence upon nutrition, hair, teeth, sweat, urine, saliva, gastric juice, bile, intestinal secretions, milk, catamenia, tears, exhalation and absorption, fever, small pox, rheumatism and gout, and ends the chapter with a valuable summary (304–5): In Part III he treats of the influence of the will upon sensation, voluntary muscles, involuntary muscles and organic functions, while Part IV is devoted to the influence of mental states upon disorders of sensation, motion and the organic functions, together with a practical application of this influence to the cure of the disease. This part is especially valuable to the physician, treating fully of the subject and embodying in it material observations and conclusions which can not be found in any one other published work that we are acquainted with. To this is added an appendix in which can be seen at a glance the different phenomena spoken of and their exact relation to the plan of the work.

The only just conclusion, we think, that can be drawn in reference to the book is that it supplies a place not filled by any other book, that it is a work physicians have long been in need of, that it gives material which could only have been procured by long and extensive research and that no patient can afford to employ a physician who does not possess some knowledge of the laws of which it treats. It will not be claimed that the book has no faults, but they are insignificant in comparison with its many merits.

ERICHSEN'S Science and Art of Surgery, being a treatise on surgical injuries, diseases and operations. By John Eric Erichsen, senior surgeon to University college hospital, and Holme professor of clinical surgery in University college, London. A new edition, enlarged and carefully revised by the author, illustrated by upwards of seven hundred engravings on wood. Philadelphia: Henry C. Lea, two volumes, 8vo., 1701 pages. Cloth $9; sheep $11. For sale by L. H. Witte, Cleveland.

In all works there must exist some element of superiority, some principle of progress, some opinion, some line of argument differing from that entertained by others else the public will treat it with tolerance only or with silent contempt. In the present American edition of this already standard work we have something new and something valuable. Medical and surgical science ever has been constantly changing and since the birth of homœopathy constantly and steadily improving. By the growth of the last three years alone the former edition of this valuable treatise has been left in the background and in order to keep abreast the advance of the times the author has found it necessary to recast and almost rewrite many of the chapters and also to redraw many of the wood cuts and add many new ones. In so doing the author shows a liberality and a readiness to correct errors and to adopt well demonstrated truth which we would commend to the rest of his school.

The work is divided in three parts: I. "General Principles"—containing general observations on operative surgery and the surgical nature and treatment of inflammation. II. " Surgical injuries." III. "Surgical diseases." Under the head of inflammation the author says: "The study of the inflammatory process is one of the most difficult on which the surgeon can enter but the labor required to master its details is well bestowed, inasmuch as an acquaintance with its nature, symptoms and progress gives an insight into a greater part of the science of surgery. The management of inflammation as it affects different tissues and organs and as it is affected by various concomitant circumstances comprises a great part of the duties of a surgeon." In reference to blood letting in acute inflammation of the sthenic type he says: "As blood can be easily taken away but cannot readily be restored we should never remove it unnecessarily lest permanent ill effects to the health ensue." If he would stop here we should not find fault but when he says that there are times when it should be done *at any risk* we are led to express the hope that the next three years may bring such an improvement in this branch of surgical treatment that when the next edition is presented to the public no such risk may be necessary, that some agent less dangerous but no less potent may be introduced to the notice of the profession so that lives thus lost may be saved to the world.

After a careful perusal we are abundantly satisfied that no surgeon can ignore its many merits or dispense with its presence in his library or with its teaching in his practice.

SWAYNE'S Obstetric Aphorisms for the use of students commencing midwifery practice. By Joseph Griffiths Swayne, M. D. Second American from fifth revised English edition, with additions by Edward B. Hutchins, M. D., 189 pages, cloth $1.25. Henry C. Lea, publisher, Philadelphia. For sale by L. H. Witte.

The object of this work is to give the beginner a few brief and practical directions respecting the management of ordinary cases of labor and also to point out to him in extraordinary cases when and how he may act upon his own responsibility and when he ought to send for assistance. The student is never placed in a more trying position nor has to incur a greater amount of responsibility than when he is attending a difficult case of labor in a place remote from medical aid. Throughout the work the author gives his directions in such a brief and pointed manner as to enable the inexperienced physician to at once and positively decide upon his course of action in any case of labor. The size of the work renders it convenient for a pocket manual. We will make some quotations that our readers may judge for themselves both of its merits and defects.

DANGER OF FORCIBLY DETACHING THE PLACENTA.

Traction of the cord when the placenta is still attached and especially when the uterus is uncontracted may produce the most disastrous consequences. It may cause, (1) copious hemorrhage from partial detachment of the placenta, (2) inversion of the uterus, (3) separation of the cord from the placenta, or (4) irregular or hour glass contraction of the uterus.

ABDOMINAL BANDAGE.

A broad bandage should be applied round the abdomen in order to support that part and maintain uterine contraction. * * * The abdominal bandage is usually applied by the nurse but in all cases where there is any doubt as to the contraction of the uterus it is far better that the medical attendant should put on the bandage himself.

TREATMENT OF RIGID OS UTERI.

Should the woman be plethoric, bleeding, opium, tartar emetic, chloroform etc., may be resorted to but before employing such measures you had better request further advice.

UNUSUAL TOUGHNESS OF MEMBRANES.

Labor is sometimes retarded by unusual toughness of membranes. Long after the os uteri is fully dilated the membranes may remain entire and the pains in consequence not put on the forcing character of the second stage. To remedy this you should rupture the membranes by pressing firmly upon them with the fore finger when they are rendered tense by a pain. Should this fail you may notch the finger nail like a saw and rub it to and fro on the bag of membranes until it gives away. Both these means will sometimes fail, if so in the absence of a pain take up a portion of the flaccid membranes between the fore finger and thumb and as the contraction of the uterus takes place slightly twist the fold and you will thus succeed.

We predict for this modest little work a rapid sale.

ALLINGHAM on Diseases of the Rectum.—Fistula, hæmorrhoids, painful ulcer, stricture, prolapsus and other diseases of the rectum, their diagnosis and treatment. By William Allingham, fellow of the Royal College of Surgeons of England, surgeon to St. Mark's hospital for fistula, etc.; late surgeon to the Great Northern hospital. Second edition, revised and enlarged, 265 pages. Philadelphia; Lindsay & Blakiston.

The whole field of the science of medicine and surgery is too broad to be successfully mastered in every department by one man and we are glad to see the growing tendency of physicians to single out departments and endeavor to excel therein. The value of the present work is enhanced by the fact that the author does not assume anything outside his own sphere but always refers to specialists in speaking of any complications beyond those of his own field of study. Having for many years been surgeon to a hospital (St. Mark's) which admits none but those suffering with the diseases of which he treats the author is eminently qualified to speak with decision on almost every point connected therewith. The whole work displays a unity and simplicity in perfect accord and only in one or two instances does it fail to describe the mode of operation with clearness. We have read the greater part of this book with a deep interest and have learned much from it. No liberal medical man who reads it will say we praise it too highly when we say it is just such a work as is needed and that for the sake of those suffering from rectal diseases we hope every physician of every school will procure a copy, study it thoroughly and give his patients the benefit of the good obtained. The work is not illustrated because the author feared some would imagine they saw the portraits of their friends. His motto seems here to be "comparisons are odious" and he carries it out well, though we think the perspicuity of his work would be in no degree lessened by the introduction of designs illustrating the operations and diseases he describes.

MANUAL of Chemical Analysis, as Applied to the Examination of Medicinal Chemicals, etc., for the use of Pharmaceutists, Physicians, Druggists, etc. Frederick Hoffmann, Ph. D. D. Appleton & Co. Cloth, $3.50.

The title page denotes the scope and objects of the work and for whom designed. It has a complete index and a careful description of each substance of which it treats, followed by the enumeration of the impurities most likely to be present, together with minute directions for their detection. The first part of the work opens with a description of operations and a guide to qualitative and volumetric analysis, which, with the aid of several fine cuts distributed through the volume, must render the subject very intelligible to the attentive student even of limited chemical knowledge. It may be questioned whether the description of the character of the substances may not be already in the reach of those who would prize the book. But they will find it convenient to have the description and examination in immediate connection. The extracts on the detection of impurities in alcohol and chloroform in the present number of this journal will give a good idea of the usefulness of the work.

ATTHILL'S Clinical Lectures on Diseases Peculiar to Women. By Lombe Atthill, M. D., fellow and examiner in midwifery, King and Queen's College of Physicians; obstetric physician to the Adelaide hospital and formerly assistant physician to the Rotunda lying-in hospital. Second edition, revised and enlarged. Demy octavo, with illustrations; 241 pages; price $2.25. Lindsay & Blakiston, publishers, Philadelphia. For sale by L. H. Witte.

We have perused this work with a great deal of interest and although we cannot agree with the author in many points still we cannot but admire the perspicuity of style with which every point is brought out. The author although disclaiming against the common practice of introducing injurious substances into the uterus does not hesitate to recommend the introduction of solid nitrate of silver or fuming nitric acid in cases of sub-involution of the uterus. Throughout the work the author treats of diagnosis and describes the method of examination of patients so clearly that none need err and for this reason the busy practitioner will find it a valuable book of reference.

FŒTICIDE, or Criminal Abortion; a lecture introductory to the course on obstetrics and diseases of women and children; University of Pennsylvania. By Hugh L. Hodge, M. D. Fourth edition, cloth 50 cts., paper 30 cts. Lindsay & Blakiston, publishers, Philadelphia. For sale by L. H. Witte.

We hope every member of the profession will read this work and be stimulated to co-operation in extinguishing this abominable practice.

THE Physician's Visiting List. For twenty-five patients a week with tuck and pencil $1; for fifty patients a week with tuck and pencil $1.25. Lindsay & Blakiston, publishers, Philadelphia. For sale by L. H. Witte.

A very convenient book.

A CASE of Anchylosis of the Hip Joint of fourteen years duration. Successful operation for the formation of false joint. By A. G. Beebe, A. M., M. D., Chicago, Ill. Reprint from "The Investigator."

EXCHANGES RECEIVED.

THE North American Journal of Homœopathy for February, 1873. Edited by S. Lilienthal, M. D., published quarterly by Bœricke & Tafel, New York and San Francisco. Per year $4, single numbers $1.

A valuable quarterly of 144 pages containing nothing but interesting and instructive matter. This number contains an interesting account of a case of poisoning from nux moschata, by C. H. Von Tagen.

NEW YORK Medical Journal, edited by William T. Lusk, M. D., and James B. Hunter, M. D. Published by D. Appleton & Co New York. $4 a year; single copies 40 cts.

A monthly allopathic journal of 112 pages. The March number contains an original communication on the action of rhus venenata and rhus toxicodendron upon the human skin, which will be interesting to homœopaths as confirming our provings of these drugs.

THE United States Medical and Surgical Journal A quarterly magazine of the homœopathic practice of medicine and medical science in general. Edited by A. E. Small, M. D., R. Ludlam, M. D., W. Danforth, M. D., and R. N. Foster, A. M., M. D., Chicago. 136 pages, $4 per annum. Furnished by homœopathic pharmaceutists generally. L. H. Witte, Cleveland.

We are pleased to see that the last number contains eight pages more matter than the publishers guarantee, showing the increasing amount of original homœopathic literature. Among many good things we notice a beautiful steel plate engraving of that veteran homœopath Charles J. Hempel.

THE Chicago Medical Journal. Edited by J. Adams Allen, M. D., L. L. D., and Walter Hay, M. D. Chicago: W. B. Keene, Cooke & Co. An allopathic monthly of 64 pages. $3 per annum.

The February number contains a translation of a somewhat minute investigation into the power of the trillionth part of a drop of a septicæmic blood.

THE American Observer; medical monthly. "Similia similibus curantur." $2.50 a year. E. A. Lodge, M. D., Detroit, Mich., geneeral editor and publisher.

THE American Journal of Homœopathic Materia Medica and record of medical science. A monthly devoted to the general interests of homœopathy. $2 a year. A. R. Thomas, M. D., general editor. Published by J. M. Stoddart & Co., Philadelphia.

THE New England Medical Gazette. A monthly journal of homœpathic medicine, surgery and the collateral sciences. $3 per annum. I. T. Talbot, M. D., general editor. Boston: Otis Clapp & Son.

NEW JOURNALS.

The *Sanitarian*, a monthly journal, was ushered into the ranks of our exchanges soon after its birth, in April. "The purpose of this publication is to so present the results of the various inquiries which have been made and which may hereafter be made for the preservation of health and the expectations of human life as to make them most advantageous to the public and to the medical profession." It claims also to endeavor to show the amount of ill health and mortality from preventable causes of disease. We wish it success in investigating these causes as well as in arousing the public interest upon the prevention of diseases by removing them.

Hygiene, another journal of "preventive medicine," claims existence since the 15th of February and is increasing its numbers every fortnight and claims to investigate the way to secure "a sound and healthy mode of living in which every man, woman and child shall have the best chance for a long life." We sincerely hope these journals will succeed in spreading "the ounce of prevention" and thus force people to protect others if not themselves. It is a hard task, however, for people transgress the laws of health, even when they know they will suffer for it, and console themselves with the saying "Do as I preach and not as I practice."

BOOKS AND PAMPHLETS RECEIVED.

"Bryant's Surgery;" over five hundred engravings. Henry C. Lea, Philadelphia. Cloth, $6.25; sheep, $7.25. For sale by Ingham, Clarke & Co., Cleveland. Review of this work in our next number.

The "Half Yearly Abstract of the Medical Sciences," being a digest of British and Continental medicine and of the progress of medicine and collateral sciences. Edited by William Domett Stone, M. D., F. R. C. S. (exam.). January, 1873. Philadelphia; Henry C. Lea. $2.50 per annum in advance. Single volumes $1.50.

Valedictory address to the graduating class of the Hahnemann medical college of Chicago, March 20th, 1873, by Temple S. Hoyne, M. D., with the president's address, the report of the Dean and catalogue of students and graduates.

Personal.

[We will feel obliged to physicians who send items for insertion under this head.]

REMOVALS.

Dr. J. Savage Delevan, from Albany, New York, to 1320 F street, Washington, D. C.

Dr. Sara B. Chase, from Titusville, Pennsylvania, to Brownhelm, Ohio, on account of ill health.

LOCATED.

Dr. T. F. Spittle, at Piqua, Ohio.

Dr. J. C. Anderson, at Mansfield, Ohio.

Mrs. C. T. Canfield, M. D., at Titusville, Pennsylvania, where she assumes the vacancy caused by the removal of Mrs. Sara B. Chase, M. D.

OBITUARY.

Bitely.—At his residence in Paw Paw, of typhoid fever, on Monday morning, March 31st, Eugene Bitely, M. D., in the forty-ninth year of his age.

Deceased was born in the town of Moran, Saratoga county, New York, in April, 1824. He commenced the practice of medicine, guided by the law of similia, in the village of Paw Paw, Michigan, in 1857, after which he attended two courses of lectures in the Cleveland Homœopathic College. Graduating from that institution in the spring of 1853 he returned home to his practice and continued in the same place until his death—with the exception of a few months in Rock Island during the year 1856 and the three winters following the spring of graduation, at which time he occupied the chair of demonstrator of anatomy in the same college of which he was a graduate, with credit to himself and honor to the profession.

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ON RETRO-PHARYNGEAL ABSCESS IN INFANTS.

BY C. H. VON TAGEN, M. D.

[Professor of Ophthalmology and Otology, Homœopathic Hospital College of Cleveland Ohio.]

I desire to call the attention of the medical profession to this overlooked, and I might add often mistaken disease (due probably to the difficulty attending its diagnosis, also due to the fact that there is very meager or else no mention at all made in any of the text books on diseases of children).

Of late very brief mention has been made in some works (Holmes & Gross in their respective works on surgery devote each a paragraph or two on the subject) but, as it appears, not so much from personal observation as from hearsay evidence. Now and then a case may be noticed reported in one of the current medical periodicals of the day. Further than this there is no definite guide to lead practitioners, especially the junior members of the profession, how to recognize this complaint, which has been often mistaken for other and similar affections peculiar to this locality.

Retro-Pharyngeal Abscess is met with more frequently in infancy and early childhood than is generally supposed. On account of the delicate tissues entering into the construction of the parts the more care and early attention should be bestowed upon the diagnosis and treatment of this affection, for in the same ratio a favorable termination mainly depends.

This disease has been confounded not unfrequently with croup, catarrhal laryngitis, œdema of the glottis, tonsilitis, etc., until after the bursting of the abscess its precise nature and locality has been ascertained. It is very difficult to recognize or diagnose this affection until it approximates development and only then can it be done satisfactorily after repeated examinations of the throat and fauces, which we are all compelled to admit is not as easily accomplished in the case of an infant as in that of an adult.

There appear to be two varieties of this form of abscess. First, the simpler form; having its seat in the connective tissue lying between the pharyngeal mucous membrane and the periosteal covering of the cervical vertebra. This form is most commonly met with among infants and young children. It may be limited to a small or circumscribed portion of the structure or may extend down one or both sides of the esophagus, dissecting the lining membrane of this tube. Occasionally it occurs in connection with adenitis and acute exanthemata, especially as a sequela to scarlet fever and in strumous temperaments. The latter named condition, however, in very young children will have to be judged of from the antecedent history, as it is difficult to determine otherwise in the very young.

My attention was first attracted to this complaint some five years ago, and to give a clear conception of the affection I will relate the history of a case as I obtained it from the child's mother, an intelligent mulatto woman. The patient, a male child some eleven months of age, first became chilly, wakeful and at times coughed spasmodically (not unlike whooping cough, which the mother of the child really thought he had). Difficulty of swallowing, which declared itself on the third and fourth day, after the early symptoms had commenced. Dyspnœa and alteration of the voice followed. During the act of inspiration (or, as his mother expressed it, when breathing inwards) a hissing sound or whistling. To move the head in any direction would cause pain. As the affection advanced all the foregoing symptoms became intensified. The child seemed eager for food and drink and would make ineffectual and repeated efforts to swallow food and liquids but could not, failing, as he did, in each instance.

Before the throat passage became obstructed to such a degree as to preclude entirely the possibility of deglutition, whatever of food or drink the child tried to take would regurgitate. The physician who had been in attendance on the case declined to give a name to the complaint, either through intent or ignorance, probably the latter, as was apparent, for the gentleman in question put in an appearance before I left the case and his whole manner and conversation betrayed him to be involved in doubt, mentally, as to the true nature of the child's ailment (he had been treating the child for croup).

The patient continued to grow worse and now and then manifested great difficulty in breathing and at times so severe that the case began to look alarming. I was summoned hastily while the child was laboring under one of these severe spells. The call I promptly obeyed and on reaching the place found the child lying on his mother's lap, his head drawn back and trunk curved upward (much in the same position as in opisthotonic convulsions), his eyes staring, jaws set, face and lips livid, hands and feet cold and clammy, gasping feebly for breath. Hastily seizing a spoon that lay close at hand I pried open the mouth, depressed well the root of the tongue and saw a red ovoid glistening swelling which was directed anteriorily and upward, filling up entirely the passage of the throat. This effort on my part added much to the danger then threatening and after a severe struggle on the child's part he stretched out at full length, was pulseless and seemed about to yield up life. There was no time to be lost; prompt, immediate action was necessary. Placing again the spoon between the teeth and separating the jaws I passed my finger down the child's throat and coming in contact with the tumefaction found it fluctuating and soft. I pressed firmly upon it and burst it open. Quickly withdrawing my finger and bend- the child's head forward I had the satisfaction of seeing pus flow from the mouth. The child gagged considerably and this alternate dilation and contraction of the pharynx and esophagus had the effect of entirely emptying the abscess of its contents.

Finding the child's strength much exhausted, possessing scarcely enough to perform the act of respiration, I was obliged to perform artificial respiration and in due time (twenty minutes or thereabout) had the gratification of seeing my little patient revive sufficiently to respire unaided. Within a period of two hours later the child was taking nourishment in his mother's lap. As before intimated, the child's desire for food was marked throughout his sickness and it was due to the fact that he could not swallow rather than to a loss of appetite. Several days elapsed throughout which food could not be taken, much eagerness being shown for it and fruitless attempts made to take it. Entire absence of food then for these several days, together with the acute sufferings of the little patient, contributed to exhaust his strength. Death from suffocation then seems to be the chief danger and in this case appeared inevitable at one time.

The subsequent treatment consisted of a few powders of hepar sulphur, 6th trituration, together with a good, nourishing farinaceous and fluid diet. The patient now passed on and made a rapid recovery.

In conclusion I will state for the enlightenment of those of our readers who feel interested that I am confident that the walls of the abscess in the present instance were sufficiently firm to resist ordinary pressure and nothing short of a firm thrust with the finger or some sharp instrument would have sufficed to open it. In other words, no amount of struggling on the part of the patient, especially in his weakened condition, would cause it to break and thus release the pent up matter. The probability is that unaided the patient would have died from asphyxia. It is therefore not safe to trust too much to the swelling opening spontaneously but rather to resort to some mechanical measures as soon as the presence of pus is determined.

I could cite several additional cases that have come under my observation since the time referred to herein but as they would prove in the main a repetition of what I have already stated I shall therefore draw this paper to a close by expressing the hope that special attention may be drawn to this affection from the profession.

SCIENCE AND RELIGION.

BY REV. A. W. GODMAN, D. D.

[Abstract of an Address delivered before the Hahnemannian Society of the Cleveland Homœopathic Hospital College.]

The able address of Dr. Godman to the Hahemannian society of the Homœopathic Hospital college of Cleveland at its recent commencement has been kindly furnished us for publication. Its length, however, compels us reluctantly to abridge it very much or else to deprive our readers of the pleasure of reading any part of it. We have Dr. Godman's consent to make a synopsis and submit the following, knowing that the address loses much of its force and beauty in the process of condensation.

We assume, *ab initio,* that science and religion are really at one and discordant only when misunderstood.

Religion is not identical with a creed although every religion has its creed. Nor is religion a rite or system of rites. Religion is a spiritual life, a recognition of and a longing after a supreme being with feelings of dependence, fear and love. There is no logical objection to that extensive definition of religion which makes it simply worship but as all concede that true religion is the worship of the one infinite being whom we call God we are concerned only with that religion when we speak of the relations of science and religion.

Science is, comprehensively, the entire body of truth—correlated, systemized, unified truth. But when the effort is made to settle what the truth is or to determine by what method it is to be found thinkers divide into two classes, one holding that science embraces in systematic form all our cognitions and their relations, the other claiming that science comprises only sensuous cognitions and their relations. This division into idealists and realists or, narrowed and made more pronounced, into materialists and spiritualists has been through the ages. These are the classes in controversy to-day over such questions as the origin of the species, the antiquity and descent of man, creation and evolution, etc.—in controversy not so much about facts as the interpretation of facts.

Man's interest in himself and his possible destiny gives all living interest to the questions undergoing investigation. This is not inconsistent with the sincere desire after truth but indifference must not be confounded with sincerity. It is common for skeptics to claim great freedom from prejudice and calmness and fairness of judgment not belonging to believers. How can he be unprejudiced who simply denies spirituality and immortality? These negative pre-judgments are no less decided than another man's positive ones.

When scientists aver that science knows nothing of cause, that science can take cognizance only of phenomena and their laws we see plainly that they understand science to be the system of our sensuous cognitions and their relations. They reject all super-sensuous cognitions. It may be that inductive science (which is only another name for science as now commonly understood) has nothing to say about cause. She ought, however, to be required to stick to her own text and say nothing about cause and should also make a clear distinction between primary and secondary cause.

No fault should be found with scientists if they would confine themselves within the limits which their philosophy prescribes. If they content themselves with saying that science makes no deliverance relative to the existence of God, of soul and to immortality that is fair and truthful, but it is quite another thing to deny all such transcendent facts. When men profess to deal only with phenomena and their laws they relinquish the right to speculate of causes; or if they do thus speculate it is understood that they are not to call their speculation science. Either let science be silent on questions involved in religion or let her plant herself on a broader philosophy and admit the employment of all the faculties of the human mind that are connected with the attainment of certitude. The narrow philosophy on which so many scientists ground themselves is their greatest heresy and will ultimately be the occasion of their overthrow and confusion.

We remarked in the first place that science and religion rightly understood are harmonious. May we not now see how this is true? If, in the first place, we agree that science embraces all our cognitions, both sensuous and super-sensuous, then the intuitively discovered soul or self, cause and the necessary influence (first cause) all will be recognized as scientific facts and with their relations make a branch of science co-ordinate with physics, using the word physics in its broadest sense. In this manner, while science may not discover all the verities and subtleties of religion, she will recognize the validity of her fundamental principles. On the other hand, if it be agreed that science makes no deliverance except concerning sensuous facts and their relations she will have nothing to say against religion. If the discoveries of science in this case should seem to be inconsistent with those of religion then our good understanding will teach us to wait for disclosures of the future.

Religion teaches that God is "from everlasting to everlasting," that He "only hath eternity" and that from His will all existence other than His own is derived. Science if she recognizes truthfully her sphere is silent concerning the beginning. She—that is inductive science—knows nothing about it and can know nothing of it. She has vainly sought even to originate vital essence by experiment and never dreams of originating anything inorganic. Indeed it is an axiom with scientists that the quantity of matter is fixed and incapable of increase or diminution. Yet some assert the eternity of matter and the immortality of force. And here we are pleased to call your attention to the evident necessity of assuming something eternal. This is an admission that science cannot rear her superstructure without a foundation of principles discovered by super-sensuous intuition. Observe, too, how much is unscientifically assumed: first, that something is eternal; second, that matter is that something; third, that force is something; and, fourth, that force is immortal, having the eternity of matter. Is it not clear that every one of these assumptions lacks the conditions of a scientific truth, viz: that it shall express the facts of phenomena or the laws thereof? Neither is a fact of observation or a law of phenomena. Neither is a necessary hypothesis. They are speculative propositions belonging to philosophy, not to science.

Again, some scientists substitute the doctrine of evolution for that of creation. Religion has nothing to say against the evolution of the cosmos from pre-existing atoms but science in thus assuming the eternity of matter is off her ground and teaching what she has no preparation to teach, and scientists who set forth the doctrine of evolution make matter the first cause. Is not this unscientific? What right have they to speak of cause otherwise than as a condition of phenomena? Eternal matter is not a phenomenon, it is a thing, a cause.

Let science derive the cosmos from atoms in accordance with laws; there is nothing in this which militates against religion. The question is Is matter consisting of primordial atoms itself the supreme being? Or, is there a mind, a primordial intellect and soul which is the *fons et origo* of atoms and of laws? This is hot a question between science and religion, it is a controversy between the universal spirit and demand of true religion and the interpretation of religion by some scientists.

Much of the repugnance in scientific minds to the doctrines of creation is, we are persuaded, the result of misunderstanding. Let the scientific thinker remember that the religious definition of creation is "the origination of existence by the energy of will alone." In the creative fiat is included the existence of matter together with its properties and laws.

Dr. Godman from this point proceeded at length to show in a very logical manner that in the process of evolution, if that theory be adopted, a guiding intelligence is manifest and then, taking up the subject of prayer, he devoted a considerable part of the discourse to what it is and how God is influenced by it. We regret that we are so limited as to space that we cannot publish the address in full but have done the best we are able as between the address and our readers.

THE ATOMIC THEORY APPLIED TO LIFE.

BY MISS L. A. ROBINSON.

[An Essay read before the Hahnemann Society, December 11th, 1872.]

The universe is composed of atoms, atoms so infinitely small that the philosopher, although he teaches the divisibility of matter as a foundation principle, admits that they cannot be divided. So minute are they compared with the spaces between them even in the densest rock that lies in your pathway that a being residing upon one of them and wishing to examine those nearest him would be obliged to use his telescope. But in the aggregate they form the huge boulder, the lofty mountain, this earth with its billions of cubic miles, the sun and its system of planets, all of which compared with the vast creation of God are as a drop in the ocean. Yet each individual atom though measured only by infinity plays an important part in that creation; and were one annihilated the equilibrium in nature's balance would be destroyed and disorder and ruin must follow, the only question being one of time.

Notwithstanding their minuteness, the relative size and weight of over three score sorts of atoms have been ascertained and from the science of crystallization we learn that the atoms have various shapes and points of attachment. Hence it is obvious that different results may be obtained from the combinations of similar ultimate particles by different modes of arrangement, just as in the kaleidoscope at each turn of the instrument you get combinations differing widely. The resulting substances in the atomic world, whether composed of the same or different elements, may possess properties as dissimilar as are those of the coal and diamond, which are examples of the point before us, they being nearly pure carbon.

In the individual atoms reside the forces that under favorable conditions accomplish these wonderful changes and by their combined action result in the phenomena around us, earth, air, water; and still more wonderful is the fact that these same atomic elements, endowed with life by the fiat of omniscient power, assume the almost unlimited forms seen in the flora of earth, clothing the inorganic with a double beauty, a beauty that commends itself to the senses by its intrinsic loveliness and to the understanding by the wise ends and purposes which it subserves.

Again, cheerfully responding to the divine will, these atoms shape themselves into flesh, blood, bone and sinew and are clothed with animal life, in the highest order of which is resident a spirit, a nature bearing the image of the God who gave it, and possessing faculties capable of glorious possibilities if developed in harmony with the laws of its being, if not total and terrible failure results. Activity is the law by which these faculties are developed. For this development, which constitutes the higher life of the individual, various elements are furnished. The atoms composing them are not material substance but are such as may be wrought upon in the laboratory of mind, forming compounds called thoughts, words and deeds. The will guided by reason (unless the latter is dethroned by some lesser light, as passion, which often happens) is the chief chemist and is aided by perception, reflection, memory, imagination, judgment and conscience. Now, from what element or elements will you as one of these beings select the atoms that shall combine to form your thoughts? Upon this choice depends the value of the results.

Of the sixty-six elements in the material world only about fourteen are required to play the prominent parts in the grand drama of nature. The others and many of the compounds formed are comparatively of little worth. There are also worthless elements often used in the realm of mind entering into the composition of thoughts, not simply inert principles but absolutely poisonous, corroding the soul. Such are the base, the false, the impure, the unholy. Few persons choose all their material from these, but do they not enter too largely into the thoughts of many? How many, think you, rule them out, even the smallest atom of this class, and cherish only the good, the true, the pure, the holy? As are the thoughts so the words and deeds, the life of the individual and we have the coal or the diamond living, walking among us; the former blackens whatever it touches; the latter—who can speak its beauty?

No matter what position you may occupy, humble or noble, if you are true to yourself, true to your fellows and to the God who gave you being few will fail to discover the gem though unpolished it may be and hence partially obscured. The intrinsic worth is there and will some day shine forth in all its glory and in that world where nothing enters that can defile you will stand higher than the tallest archangel that waits in the presence of the King of Kings, since for a fallen being to rise and become pure and perfect, even with the aid of a redeemer, is a grander, a nobler achievement than to have preserved one's first estate.

The life of the individual gives color to that of the society, or of the nation. If the individuals composing the society or nation love truth, justice and right then will these principles be exemplified in the dealings of that nation, in the conduct of its affairs, in the prominent social features that characterize it, in its life. Your mathematics taught you years ago that the sum or aggregate is of the same kind or denomination as are the units in the numbers composing it. Existing evils, then, whether of a sectional or a national character, result from and are perpetuated by the duplicity, baseness and corruption of the individual units. But some one whispers "Is not ambition, love of power, even in those considered irreproachable, a great source of national evil?" If the soul of the individual is permeated with the principles of truth and justice, equity and right, and his feet are planted upon the "rock of ages," his every thought, word and deed, his ambition is barricaded and can only tread in proper channels. For it to take any other course is a moral impossibility, the same in kind as the impossibility of wrong, of untruth or of failure in deity. Hence this laudable, God-given ambition becomes a power for good, leading him on to better and nobler deeds.

In the present condition of things the important question is By what method shall we correct existing evils, how eradicate false and pernicious practices and thus reform the nation? The true method is by the process of fermentation. Let the ferment be the truth. Let it be hidden in the hearts of the people and by its inherent power will it break up and decompose the false and corrupt principles, and as the process goes on, eliminate the bad and pernicious elements which poison and weigh down the soul. Then will the good and true be allowed to form new compounds, principles based upon truth and justice, and thus transform the whole being. As illustrations of the transforming power of truth I ask you to recall what and how vital changes have been wrought in pagan Europe within the last two thousand years. As an illustrious example in our own times and our own country I point you to the downfall and overthrow of that giant evil slavery.

Such results can only be attained by earnest and persistent effort. Let us learn a lesson from the energetic and persevering Garrison, who probably did more than any other one person in the uprooting of that evil which came so near rending asunder this nation of nations. Let the people be instructed, let them know the truth; into some hearts it will fall and find a lodgment and work out changes almost incalculable in their results. Let us be wise and do our duty, all in our power for the redemption of the nation, and when the day of rewards shall come we shall have great cause of joy for "they that be wise shall shine as the brightness of the firmament and they that turn many to righteousness as the stars forever and ever."

PROLAPSUS UTERI.

BY O. W. LOUNSBURY, M. D.

Miss M., aged twenty-two years, American, unmarried, teacher, was afflicted for four years with pain in the back, benumbing uneasiness in the right thigh, great bearing down in the pelvic region accompanied with symptoms of dyspepsia (which I believed to be merely functional derangements of the digestive organs due to reflex nervous action), palpitation of the heart and a constant general feeling of lassitude and weariness. Mental symptoms: tearful, hopeless, very despondent, so much so felt compelled to break off matrimonial engagement in the belief that she was incurable. The case was diagnosed as prolapsus uteri. Vaginal examination confirmed the diagnosis, revealing partial procidentia. Her family physician mistook the distressing sensations in her right limb for sciatica and gave protracted treatment without relief. Prognosis favorable.

I immediately put her under electro-magnetic treatment twice a week.* From the outset the sacral pain subsided and the mental and dyspeptic symptoms began to abate. Gradually the patient convalesced and her wonted cheerfulness, hope and vivacity returned. Treatment was continued three months when she was discharged, completely cured.

The patient's feet were placed upon a warm copper plate constituting the negative electrode while I made general application of the positive, commencing at the head. Moistening the hair to readily allow free passage of the electric current, I took the positive electrode in one hand, and wetting the other applied through it a mild secondary current with careful manipulation over the whole head and eyes for five minutes. This was followed by direct application of the positive electrode to the entire length of the spine by regular passes with uniform pressure, gradually increasing the intensity of the current. I then gave general treatment to the back, paying especial attention to all tender places in the lumbar and sacral regions, followed by like treatment over the lungs, heart, liver, spleen, stomach and bowels, the whole seance occupying from thirty to forty minutes.

I used Dr. Jerome Kidder's electro-magnetic machine with a sponge electrode of my own contrivance for convenience of application.

Mrs. W., aged fifty-two years, American, mother of one child, had suffered for many years from prolapsus uteri. For two years before applying to me for treatment she had been quite deranged, so much so that her neighbors habitually called her crazy. Upon vaginal examination I found the uterus in a state of complete procidentia, exposed to the irritating influence of the atmosphere as well as to chafing when in motion.

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*Electro-magnetism is a potent remedy for diseases of this type.

This organ was exceedingly sensitive and her whole nervous system in a state of excessive irritability, to that degree that the slightest cause would throw her into paroxysms simulating hysteria.

She had failed to follow directions of former physicians, hence I refused to undertake her case until her family gave me the assurance that my orders should be implicitly obeyed.

I then directed her to be put to bed and kept in a recumbent position for one month. I replaced the womb and gave her electro-magnetic treatment as follows: attaching Kidder's womb electrode to the positive pole, primary current, I placed it at the os, making sufficient pressure to hold the uterus in position, placing the negative electrode on the seventh cervical vertebra, thus bringing the uterus with its relaxed appendages under the contracting influence of the positive half of the electric current.

At the expiration of twenty minutes the womb electrode was withdrawn and a sponge electrode substituted, with which I made application to the whole abdominal parietes for ten minutes more. This treatment was pursued twice a week for one month, at which time the patient was so far improved that I lengthened the intervals between visits to one week and permitted her to leave her bed. Her mind gradually regained its normal clearness and tranquility.

I dismissed her within three months from my first visit free from all ailments except slight prolapsus. Pulsatilla 3d and belladonna 3d were occasionally employed to meet peculiar mental symptoms. Six months afterward I saw her in as good health as when dismissed.

[QUERY:—Does the profession know of any case of complete prolapsus of the uterus, chronic in its nature, to have been absolutely restored to its normal position?]

A PLEA FOR THE STARCH BANDAGE.

BY J. PETTET, A. M., M. D., CLEVELAND.

Not long since I was much pleased at overhearing the remark "Splints are out of date, nobody uses them any more; the starch bandage is used instead." I am therefore induced to present a couple of cases of immediate union of fractures which illustrates well some of the advantages arising from its use.

CASE I—FRACTURE OF HUMERUS.

Jennie H., aged twelve years, of nervous temperament, having slipped saved herself from falling by catching hold of a projecting board with her left hand. She immediately found her arm powerless and experienced a piercing pain two and a half inches above the elbow. I was immediately summoned and on examination found crepitation and perfect mobility at this point, together with spasmodic action of the muscles which was so strong as to jerk up the lower end of the superior fragment of the humerus, causing intense cutting pain. These pains could be allayed by using the hand as a splint and holding the ends of the broken bone in apposition. Straight splints well padded were immediately applied and the pain stopped completely. Arnica 12th dissolved in water was administered to the patient every two hours and the arm saturated with arnica 1st. In three hours I was again summoned and found the arm hot, swollen and painful. The straight splints were removed and the spasmodic action of the muscles returned. Finding it apparently impracticable to re-apply straight splints I was induced to try the starch bandage. The bones were held in position by the hand while a quantity of paste was prepared. Slight extension was added while the patient's hand, forearm and arm, slightly flexed at the elbow, were covered with one layer of dry bandage, which was then thoroughly saturated with paste, and then another layer of bandage applied, followed by paste, and the process continued until several successive thicknesses of the cloth and paste showed the splint to be strong enough to retain the bones in apposition and immobile. From that moment the patient experienced no pain at the seat of fracture.

On account of indications of scrofulous tendency in the family, also the patient's own symptoms of mal-nutrition, swelling of thyroid gland, deficient muscular development, fragility of bones, as indicated by the mode of fracture, and excessive nervous organization, I did not remove the bandage at the time that perfect union might have been expected if the bone united by immediate union, but at the end of eight weeks no traces of the fracture could be discovered except a small movable lump at the point where the broken bone had pierced the muscles. The motion and shape of the arm were perfect except a slight contraction of the muscles and tendons preventing perfect extension at the elbow. Free use of the hand and arm, gentle friction and warm bathing were ordered and next day the arm was reported "all right."

CASE II—FRACTURE OF TIBIA.

John W., aged eight years, in falling from a fence caught his leg between the rails, which rendered him unable to walk or bear any weight on the leg. For one week his leg was kept upon a pillow, being very painful and sensitive to motion. Being called to examine the leg at this time I found pain, considerable crepitation and a marked unevenness like a notch at about the middle of the anterior surface of tibia. The limb was immediately placed in a starch bandage, when the pain and sensitiveness to motion ceased. The second day after the patient complained of some pain at the seat of fracture and one drop of symphytum 2d in a few grains of saccharum was given and in a few hours the pain disappeared permanently. The patient was now allowed to exercise freely upon crutches. At the end of five weeks the bandage was removed, union apparently perfected, and free use of the limb allowed. Saw the patient several weeks after and could discern no traces of fracture. Think union in both the above cases was by first intention.

ADVANTAGES OF THE STARCH BANDAGE.

1. Its tendency is to prevent swelling and reduce any existing inflammation.

2. It adapts itself perfectly to the shape of the limb when applied and preserves its length and normal curves.

3. It is easily applied.

4. It keeps the limb in any required position, the bones in perfect apposition, fixing the neighboring joints and preserving perfect immobility of the fracture.

5. It can be obtained in almost every instance and more easily and quickly than most other splints.

6. It is neat and does not interfere with the dress.

7. It is very light, does not materially interfere with the comfort of the patient nor prevent necessary exercise.

8. The bones are more likely to unite by first intention, not requiring the long time necessary when the provisional callus surrounds the ends of the fragments.

9. It allows the patient to attend to his business, not keeping him in bed more than a couple of days.

SMALL POX AND ITS PROPHYLAXIS.

[JAN. 16, 1873.—At the January scientific session of the Boston Homœopathic Society, the subject of small pox and its prophylaxis was discussed, according to previous assignment.]

Dr. T. S. Scales, of Woburn, said he did not fully believe in the efficacy of re-vaccinations; he had been re-vaccinated several times, nevertheless he contracted varioloid a few years since while attending a small pox case. At that time he vaccinated himself and it took well but the precaution did not protect him from the malady.

Dr. C. Wesselhœft thought no rule infallible; in one individual repeated vaccinations may take but not so in another. Persons sometimes have small pox more than once. If variola cannot thoroughly protect against itself, why should vaccination invariably protect? He considered vaccination and re-vaccination necessary precautions. No vaccination had taken on himself since the first time, during childhood, at which time cow pox lymph was used. He has re-vaccinated himself at various at various intervals since. He has frequently exposed himself to the confluent form of small pox but never has taken it. He believed the cow pox lymph to be the only proper agent to use. It is procured from a disease which originated in and is natural to the cow. Humanized lymph is the result of an experimental procedure, attempted by some enterprising persons simply at a venture and for the purpose of gain. It is apt to convey impurities, for we can never tell by the looks of a child what germ of disease may be latent in it. In the confluent form of variola he has frequently used vaccinine internally; it prevents scars. He has obtained good results from vaccinine procured by placing an ivory point with the cow pox lymph upon it in a vial containing a little water. By shaking it the virus is washed off; this solution he carries up in alcohol to the third potency.

Dr. T. S. Scales agreed with Dr. Wesselhœft that vaccinine is truly homœopathic to all cases of small pox. He uses the same same preparation as Dr. Wesselhœft. He thinks the protective power of the vaccine virus diminishes in efficacy by being passed through several human systems. Such virus usually reproduces the pustule in the patient but changed in its character, for it was originally a disease peculiar only to the cow and the humanized virus must necessarily differ materially from the original.

Dr. Holt, of Chelsea, said he had had several cases of variola and varioloid during the present epidemic. He distinguishes between varioloid and small pox by the presence or absence of secondary fever and by the degree of severity. He had recently treated a fatal case, to which he was called early in the morning, having taken simply a cup of coffee before leaving home. He remained in the patient's room till she died—about half an hour. No vaccination had taken on him since childhood; and the fact of his not having eaten anything before visiting this patient rather tends to overthrow the idea that one takes a contagious disease more readily on an empty stomach.

Dr. C. Wesselhœft said the medicine often indicated for and relieving the terrible headache which accompanies variola and varioloid is glonoine. The symptoms calling for its use are stinging pains in the temple, fullness of head, with pain as if the brain was expanding itself, and heavy pulsations throughout.

Dr. Thayer asked what remedies relieve the dyspnœa so often present in small pox ? He recently relieved a case readily with veratrum viride.

Dr. Holt has heard patients say that they feared the combined effects of the vaccine disease and variola and for this reason they objected to being vaccinated; they felt afraid that the system might not be able to withstand both diseases together. He considers this a popular error.

Dr. F. W. Payne said that variola and varioloid might be anticipated by seasonable vaccination; the disease might either be arrested altogether or very materially modified in severity. The effect of vaccination becomes apparent in the system several days before those of variola show themselves after exposure. The time of incubation varies in different cases and also that of cow pox lymph from the humanized matter. Cow pox vaccination usually shows itself about the ninth day and the effects of the humanized matter anticipates this by two or three days. He has not used humanized matter for about two years nor since he has been able to procure the virus from the heifer; he considers humanized virus a dangerous agent.

The subject was laid over till the next meeting.

Feb. 6, 1873.—Dr. T. S. Scales never knew a person to have variola after a vaccination has taken from cow pox lymph; but he knows of several instances where it has occurred after the use of the humanized matter.

Dr. E. P. Scales, of Newton, said that his wife's vaccination has taken three times during the last fifteen years but his own has never taken but once during thirty years, although he has repeatedly re-vaccinnated himself in the interval.

Dr. Sanders' first vaccination took when he was thirteen years of age. He has re-vaccinated himself many times during the last thirty years but it would never take till this year. Last year he had several cases of small pox but he was not affected by it; notwithstanding this, however, vaccination took well during the present winter.

Dr. Pease has noticed that many of the cases of sickness this year, developing into whatever type they might, have been, as a rule, preceded or accompanied by headache, backache, etc., as predominant symptoms, so as to suggest to one's mind the possibility of an attack of variola.

Dr. Underwood wanted to know if any physician present ever had the modified symptoms of variola through sympathy when treating a case. He has had the varioloid but with each and every case that he has treated subsequently he invariably has headache, backache, etc., lasting for a few hours that simulated the condition of his patient.

Dr. Gambell has not had many cases of variola to treat. He would keep his patient comfortably warm, with the room at a uniform temperature, notwithstanding small pox is said to rage more in cold weather than in warm. In older times it was customary to give small pox patients a steaming, but this treatment was very fatal; many died from it.

Dr. E. P. Scales has relied mainly upon vaccinine in the treatment of cases during the present epidemic. He keeps the room comfortable in temperature and his patients on a moderately nourishing and stimulating diet. He does not believe in the efficacy of digitalis in the treatment of small pox; he thinks the effects of sarracenia have often been ascribed to digitalis. He has seen good effects from sarracenia in some cases of variola but vaccinine has worked admirably in all cases in which he has used it during the present season. He used carbolated lime as a disinfectant and also for the purpose of fumigation afterward.

Dr. T. S. Scales had been fortunate (or unfortunate) enough to have had patients to treat who had never been vaccinated; he has used many remedies in previous epidemics selected with great care, but with indifferent success. But under the use of vaccinine in the present epidemic all cases have done well. The patients begin to improve immediately after commencing its use;

the pustule seems to be arrested and the absence of pitting to be very marked. Lately he has given nothing but vaccinine and considers it strictly homœopathic to the disease.

Dr. Harris said Dr. Hering recommended vaccinine taken internally as a prophylactic when an epidemic it prevailing. It should be taken occasionally and also at the time of any known direct exposure.

Dr. Pease has had considerable experience in the army with variola but not so much in private practice. He there used the humanized virus altogether for the purpose of vaccination, as he was obliged to make use of whatever agent was furnished by the government. It was forwarded in the form of the scab, which he rubbed up in glycerine for use; sixty or seventy per cent. of the primary vaccinations took. In the treatment of the disease he used first sarracenia, both in decoction and dilution, but it did not do well. To other patients he gave nothing but cold water, that he might test the effects of sarracenia. He did not perceive that the one class were sicker than the other. Afterward he gave thuja and vaccinine ; all these cases were mild and recovered. In those cases where the eruption did not appear readily he found that veratrum viride tended to bring it to the surface much better than aconite. He has used vaccinine in all his cases this year. It relieves, entirely and almost immediately, the terrible stinging and burning ; it usually either prevents pitting or renders the pits very shallow so that they disappear in time. During the epidemic in the army he chose for nurses those men who were the most deeply scarred from the effects of small pox.

One of these men had the variola in its confluent form a second time. When he complained of being sick small pox was suspected and veratrum viride was given. By night the eruption had made its appearance, covering him completely from head to foot. He recovered and lost his former scars, his skin becoming as clear and smooth as if he never had had the disease. (One of the members of the society laughingly suggested that his skin probably became one general pit, thus obviating the irregularities of the many former scars.)

Dr. Pease distinguishes varioloid from variola by the absence of secondary fever, the severity of the disease, etc. He keeps the room as comfortable as possible and at even temperature and never lets the patient perspire from an undue amount of artificial heat.

Dr. Sanders considers the condition of the contents of the eruption in variola and varioloid as the diagnostic feature between the two diseases; in the former the pustules are at first filled with serum, which afterward changes to pus; in varioloid the serum does not become purulent; this difference he distinguishes by means of the microscope. Another differential feature is the absence of permanent scars. His treatment always has been and is now to give first in the febrile stage tartar emeticum; in the next stage mercurius; and when the crusts begin to loosen sulphur. The diet should be both stimulating and nutritious; he advises diluted champagne, beef tea and mutton broth, if the stomach will bear them, in preference to gruel. Temperature of the room should be kept at seventy degrees and the air changed and kept as pure as possible. He gives thuja previous to vaccinating his patients, thinking it facilitates the susceptibility of the system to the vaccine disease.

Dr. Gambell uses in this disease similar treatment to that of Dr. Sanders.

Dr. T. S. Scales had a patient on whom the terrible itching was immediately relieved by the use of vaccinine. After relief, he discontinued its use for a few days and the itching again commenced as violently as before; it was immediately allayed by the use of the medicine a second time.

Dr. Pease has never seen salivation in a case where vaccinine was used from the first and it always arrests it when present.

Dr. E. P. Scales also had seen salivation averted in his own practice by vaccinine.

PREDICTION OF SEX IN UTERO BY AUSCULTATION.

BY T. J. HUTTON, M. D.

[Resident physician of Long Island college hospital, Brooklyn, N. Y.]

The pulsations of the fœtal heart were first detected by M. Mayor, of Geneva, and in 1818 he published his discovery. For some time afterward the subject seems to have been forgotten and on being revived by Kergaradec was practiced up to a recent date simply for the purpose of determining pregnancy in doubtful cases. Within the past few years, however, the assertion has been advanced by Tyler Smith and others that not only can pregnancy in its advanced stages be determined by auscultation but also the presentation, position and sex of the fœtus *in utero.*

While, then, utero-fœtal auscultation as a means of determining pregnancy has been a part of obstetric literature for nearly fifty years, that part of it which proposes to determine the *presentation, position* and *sex* of the child previous to labor is comparatively new, perhaps not generally known and doubtless but little practised. In considering these modern claims let us inquire May we always detect the fœtal pulsations? If so, of what practical value? "It is a very rare circumstance," says M. Dupaul, "for the pulsation of the fœtal heart to be inaudible during the last three months of gestation unless the child be dead." They failed to be detected in but eight cases out of nine hundred and six examined at this period. Of what practical value? "A discovery of *very great* value to the accoucher," says Tyler Smith, "a means of diagnosis never to be neglected" says Cazeaux. "I have repeatedly found auscultation of incalculable value and have been, I believe, enabled by its evidence alone to save in several instances the life of the child," says Simpson, in referring to malpositions and tedious labors.

ITS VALUE IN DETERMINING SEX.

All the difficulties and dangers of labor, all *post partum* complications, instrumental deliveries, fœtal and maternal deaths occur much more frequently in male births; the ratio of their frequency, as compared with the birth of females, is nearly as three to one. In foreknowing sex—if such be possible—may we not hope to anticipate, abbreviate or prevent these justly feared accidents of the puerperal state?

Again, any just means that shall prove a master key to confidence and respect, any new acquisition of skill which will exalt the physician and his profession in his estimation by the people must be worth acquiring. "A prominent medical gentleman of this city, in attendance upon a lady in her confinement, in which by examination he found by anus, tuber ischii, scrotum and penis there was a son to be born, notified the father accordingly and, of course, a son was born. A few days after, the unlearned but delighted father sent the physician a check for five hundred dollars, remarking that any physician deserved that sum who could tell the sex before the birth." In the present article, suggestive rather than exhaustive, I present to the profession the results of some observations in this direction, few in number, it is true, but made, as will be noticed, at widely different periods, and with one and the same result. The rule employed is a modification of those advanced in recent text books, viz: *Fœtal pulsations heard below a horizontal line, dividing the uterus into two equal parts, denote vertex presentation; above it, breech presentation; below this and to the left, first position; below it and to the right, second position. When the fœtal pulsations number one hundred and forty-four per minute, it is a female; one hundred and twenty-four per minute, male.* And, as deviations from this rule, or average, will doubtless be encountered, I venture to add that a variation of *six beats per minute* from one hundred and twenty-four upward or from one hundred and forty-four downward will not endanger a diagnosis, provided auscultation be practiced in the ninth month of pregnancy. And as a proof of the practicability and reliability of this rule as a means of diagnosticating sex *in utero* I submit the essential points from the clinical record of seven cases, delivered in this hospital, the only ones in which I had an opportunity of testing it, in which it was *the sole guide*, and without a *single failure:*

[We omit the cases given inasmuch as every physician has the opportunity of verifying the rule in his practice.]

In conclusion, I would add that while these observations open up an interesting field of inquiry and, so far as my observations have gone, have been uniform in result, still, from their small number, I only claim value for them as they confirm the observation of others. The cases were most carefully analyzed and I submit them to the profession, more for the purpose of attracting attention to the subject than for any supposed value that may be attached to the limited number of the observations themselves. Uniformity in the cases observed is of value, especially when they confirm the observations of others.—*New York Medical Journal,*

[We have used Hutton's rule with success in every case so far as determining the presentation was concerned but in one case failed in correctly predicting the sex. The number of pulsations was one hundred and thirty per minute and was counted several times for the sake of accuracy, in no case giving a variation of more than one beat to the minute. In this case we predicted a male but in six days from that time the birth of a female showed our incorrectness. Dr. H. F. Biggar of this city informs us of a case he had where the number of pulsations was one hundred and twenty and he confidently predicted a male child and only the appearance of a female child convinced him of his mistake. He also kindly informed us of another case where in applying the rule he found breech presentation, which was changed to vertex by the administration of pulsatilla 200th.—EDITOR.]

DIPHTHERITIC CONJUNCTIVITIS.

[A paper read before the American Institute of Homœopathy by C. H. von Tagen, M. D., of Cleveland.]

Rarely is this form of eye malady witnessed in this country or in England but it is stated on good authority that von Gralfe's clinics at Berlin have furnished numbers of cases.

It has been my privilege to witness but two cases during the past fifteen years, the first one of which I saw some eight years ago, while attending the clinics at Will's eye infirmary, in Philadelphia. The result of the treatment I did not afterward learn but from what I saw of the case I inferred there was very rapid destruction going on—for instance, the cornea had been perforated, prolapsus of the iris and more or less collapse of the anterior chamber had followed. It is therefore reasonable to assume from such a state of affairs that vision must have been seriously involved. Here I lost sight of the case in question and know nothing further of it.

Some three months ago I was called upon to treat a case of which the history is as follows: A laboring man, aged forty years, of Irish birth, living in a small, damp, ill ventilated house, of irregular habits—would go on a "bit of a spree" once in a while, in fact on his first visit to my office he gave evidence of being under the influence of the "ardent." To credit the patient's story, the eye became sore in a single night and presented on the following day great swelling and hardness of the lids, which were also very firm, hot and exceedingly sensitive to handle or even to touch. The patient was very loth to have me turn the lids out and it was with some difficulty that this could be accomplished. As the eye lids were opened a stream of hot tears gushed out, mixed with yellowish flakes of fibrinous material. There was marked chemosis of a pale yellowish color, the infiltration was marked throughout the eye and of a firm fibrinous nature. Over the palpebral portion of conjunctival surfaces, both upper and lower, a thick, opaque membrane was formed which could be detached in small patches and shreds. There was very much extravasation of blood over the entire ocular conjunctiva. The cornea was invaded by ulceration at three distinct points, the largest as well as the deepest of these being at the center. The latter for several days threatened to penetrate into the anterior chamber, and indeed this seemed at one time inevitable. A close and careful examination of the ulcer specially referred to revealed a slight bulging forward. This feature I lay stress upon to show that my fears of perforation taking place were not groundless.

I placed the patient upon merc. bi-jod 6th trituration every three hours, carefully syringing out the eye two to three times daily, penciling the inner side of the lids with argentum nitricum, one gramme to aqua one ounce daily. The patient was kept in a darkened room—not dark but dim. He was ordered a diet of a generous kind.

Under the treatment narrated the patient slowly but gradually improved until the close of the third week, when he left for his home convalescent. After the larger ulcer healed a cicatrix was left (albugo), which of course will always remain, but its caliber is small compared with the former size of the ulcer, scarcely an eighth, or as one to eight.

The great danger to be feared in this affection is the tendency to rapid destruction of the cornea and which unless promptly met in the outset and arrested vision must be sacrificed. Everything therefore that has a tendency to irritate the inflamed organ or depress the vital forces must be avoided. Light must be excluded, the patient's room well ventilated, the temperature moderate (about 55° Fahrenheit). Strict cleanliness both of wearing apparel and body must be rigidly enforced and every thing the patient uses, in any shape, form or manner, must be kept separate and apart from those of other persons. The patient should be assigned a separate apartment. The diet should be highly nourishing and in some cases generous, or even sometimes stimulating.

Frequent ablutions of water as hot as can be borne and compresses of flannel wrung out of hot water, rapidly and frequently changed, are the best applications during the day. At night poultices made of pulverized flax seed, to which add two teaspoonfuls of brewer's yeast, and then apply as hot as can be endured ; the greater the heat the speedier relief follows. The poultices should be spread between two layers of old soft linen so that a layer intervenes between the inflamed parts and the poultice itself.

This application serves to cleanse and keep moist the lids and thus prevent agglutination, a very troublesome condition ; beside which the patient can obtain more refreshing rest and sleep.

The patient should be cautioned not to use any cloths or towels in wiping the sound eye which had been used for the diseased organ. Every precaution which can be resorted to should be used to prevent the discharges from the affected eye being transferred to the sound one. So profuse are these in some cases that the bridge of the nose will form a conduit for the same, especially if the patient lies on the side opposite the affected eye.

OPHTHALMIA TARSI.

E. G., aged twenty-four years, presented himself for treatment with highly inflamed lids, very much thickened and somewhat infiltrated; the cilia matted in bunches along both upper and lower tarsal margins of both eyes; lachrymation profuse and of a muco-purulent character ; nightly agglutination with much burning pain, more or less, all the time; the tegumental surface in the vicinity of both eyes, especially in the lower lid, in a state of irritation caused by contact of the acridity of the lachrymal secretions, presenting the appearance as if the parts had been seared by a burn. The burning at times is intolerable. The conjunctival surface, both ocular and palpebral, is injected and the latter in a state of granular degeneration. Vision is more or less impaired, objects looking dim and as if enveloped in a halo or mist. The eye balls feel tense, are painful to pressure and sensitive to light.

The patient gives the following as his history : In early childhood had inflamed eyes, induced, as it appears from his mother's recollection, by cold. Some charlatan living in the neighborhood of his father's residence, then in the state of Maine, undertook to treat the case. A very considerable amount of a white powder was administered and for a long time, which produced ptyalism and sore mouth, the teeth became loose, the glands about the throat and mouth participating in the general disturbance. The integument at various points over the body became very sensitive and painful and looked red and inflamed in circumscribed patches of various sizes, from that of an inch or two square to that of the palmar surface and even larger. The skin would then scale off, leaving a tender surface beneath not unlike that left after a blister. Marked emaciation followed. He has shed his finger nails several times since childhood. Subsequent events transpired to prove that the white powder given was calomel. Almost every year since—now some eighteen years—the patient has undergone a repetition of these symptoms and invariably the eyes have been involved. Some attacks have been very much more severe than others, varying not so much in character as in intensity. Within the past two years the patient had an unusually severe attack, prostrating and confining him to bed nearly six months. During this siege a large portion of the body was denuded of integument, remaining raw several weeks; his sufferings, judging from his own words, were intense and his mind at times wandering in consequence thereof.

The following were the principal symptoms at the time the patient presented himself at my office: burning, smarting of the eye lids, at times itching—patient could scarcely resist rubbing them, margins of the lids red, inflamed and somewhat ulcerated, intolerance of sun light. For this condition I gave sulphur, eighty-one minims, three doses, followed with some alleviation for a day or two, both objectively and subjectively.

Up to the third day after the sulphur had been given I knew little or nothing of the antecedents of the case. I now learned all that I have heretofore narrated and accordingly set to work to overcome the mercurial cachexia so markedly developed. On the fourth day after the administration of the sulphur the patient reported himself, complaining that his symptoms were much worse. The appearance of both eyes bore out that assertion. On the previous evening he felt the change. During the night the eyes had discharged much more than usual and the lids were covered with a thick crust.

Remembering the beneficial and prompt effects I had obtained from the mercurius corrosivus on former occasions of a like nature I administered the remedy, gave three doses of the 200th and allowed that to act for a few days. The effect was highly gratifying and the improvement has been steady and regular until within the past two weeks an aggravation occurred in the eyes, but this was attributable to an indiscreet act on the part of the patient. He thought to indulge himself by going fishing, the reflection of the sun upon the water being the cause of the relapse. The other symptoms however did not return and the patient is now under the administration of a few doses more of the mercurius corrosivus improving rapidly.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Thirtieth Anniversary and Twenty-sixth Session.

FIRST DAY.

This institute commenced its twenty-sixth session on Tuesday, June 3d, in the hall of the Cleveland Homœopathic Hospital college, 99 Prospect street. The institute was called to order by the president, Professor A. E. Small, of Chicago. After prayer had been offered by the Rev. Mr. Baker of this city, the address of welcome to the delegates and members was delivered by Professor J. C. Sanders, of Cleveland, after which follow the annual address by President Small, an eloquent and able discourse which we should be happy to publish did our space permit.

The address was received with great applause. The chair then appointed the following committees:

On credentials—T. F. Smith, M. D., New York; N. Schneider, M. D., Cleveland; T. L. Brown, M. D., Binghamton, N. Y.

Auditing committee—S. M. Cate, M. D., Salem, Massachusetts; E. C. Beckwith, M. D., Zanesville, Ohio; J. H. McClelland, M. D., Pittsburgh, Pennsylvania.

The report of the committee of publication was then presented by the general secretary. It stated that a volume of five hundred pages had been printed in handsome style and furnished to members, to journals and to some public libraries representing the proceedings and the papers of the twenty-fifth session, held at Washington last year.

The report of the treasurer, E. M. Kellogg, of New York, was then presented and referred to auditors. The report showed that the receipts of the institute had exceeded three thousand dollars during the past fiscal year and that all expenses had been paid, with a small balance remaining. The treasurer then offered the following resolution, which was unanimously adopted:

Resolved that all members of the institute who have been members in good standing for twenty-five years shall be placed upon the honorary list and as such shall retain all the rights and privileges of full membership and be exempt from the payment of future dues.

Dr. J. P. Dake, of Nashville, Tennessee, then offered the following resolution, referring to the recent outrageous action of the Massachusetts medical society (old school) in attempting to expel and stigmatize members of this society for practicing homœopathy:

Resolved that the American Institute of Homœopathy protests against the recent attempt of the Massachusetts medical society to brand as guilty of conduct unbecoming and unworthy of an honorable physician such of their members as, having a thorough medical education and unblemished characters, conscientiously practice homœopathy ; that such action is subversive of freedom of thought in a science which demands the most untrammeled investigation and aims a death blow at any improvement in medicine ; that it is an insult alike to the practitioners and the patrons of homœopathy ; and that it must react with greatest force upon those who thus attempt to destroy characters and enslave science.

The resolution was received with great enthusiasm and unanimously adopted. The report and papers of the bureau of materia medica, pharmacy and provings were then called for.

Dr. Dake read his paper on a plan for the more thorough and proper proving of remedies and notation of symptoms for use under the homœopathic law, which had evidently been prepared with great care. He took ground in favor of the thorough organization and equipment of a centrally situated college of provers for testing the effect of drugs upon the system of educated and properly qualified provers, who should record the effects produced and carry on all their work under the guidance and control of a faculty. The result of these labors would develop the action of drugs upon human beings and would be published by the college for the use of the entire profession. This paper elicited considerable discussion.

Dr. T. C. Duncan, of Chicago, took ground in favor of provings being made by members of the profession scattered throughout the length and breadth of the land ; he regarded the establishment of a college as impracticable.

Dr. Dudley, of Philadelphia, thanked Dr. Dake for his paper. He expected a masterly report and had not been disappointed.

He spoke of the importance of provings as the only reliable method of arriving at the effects of drugs, instead of watching their effects upon the sick.

Dr. S. R. Beckwith, of Cincinnati, said he intended to offer a resolution looking to the memoralizing of congress to supply means and ways for the carrying out of the suggestions offered in the paper. All medical men are agreed that the proper way to arrive at the action of drugs is to prove them upon the healthy. He had no doubt that a college of provers could be established by congress in connection with the Smithsonian institute if the matter were properly presented and urged.

Dr. G. W. Bowen, of Fort Wayne, Indiana, addressed the institute at length in favor of the publication of Dr. Hering's materia medica.

Dr. Lilienthal said that Dr. Hering had gathered provings from all sources and it could not be claimed for them that they were all scientific provings. He was in favor of Dr. Dake's plan. He thought that in ten years a new era would be opened up in homœopathy.

Dr. T. F. Allen, of New York, said that every university of Europe had established a department of physiological provings. They are pushing this matter of proving of drugs in the old school in such a way as should put us to the blush. He had been reading recently of provings of saporine which were very interesting. In the last number of the *Practitioner*, an English allopathic journal, a writer gave credit to Hahnemann as the author of the system of physical provings of drugs and admitted that the homœopathic law of cure was a law, although he did not acknowledge it as the only law. In connection with the New York homœopathic college a department of provings had been established, both for proving drugs on healthy human beings and for pushing experiments upon animals.

Dr. I. T. Talbot, of Boston, thought it was a healthful sign for the institute at the commencement of a session to thus take up and discuss that subject which forms the basis upon which homœopathy rests. It was the publication of provings made by such men as Hering, Williamson, Neidhard, Payne and others that made it the best volume. He thought Dr. Dake's scheme a grand one and that every effort should be made to carry it into effect. Congress should be memoralized and the matter pushed on until the object was attained.

Dr. T. L. Brown, of Binghamton, New York, said he had been converted to Dr. Dake's plan. He wanted to see it carried out. He would give as much money toward the support of such an institution as any member of the institute.

The board of censors then submitted the names of certain applicants for membership. Dr. T. F. Allen, of New York, objected to the hygienic college of New York as an improper institution to receive members.

Dr. I. T. Talbot read a paper by Dr. William E. Payne, of Maine, on the question whether the purification of the materia medica can be effected by re-provings of drugs, in which the doctor took the ground that re-proving was unneccessary and that the symptomatology of the materia medica was to be purified by clinical verification of these symptoms.

Dr. J. P. Dake made an eloquent and effective appeal, at great length, for the plan of re-proving remedies detailed by him in his paper.

Dr. Swazey, of Springfield, Massachusetts, thought that Dr. Dake's remarks were calculated to belittle the provings we have been relying upon and with such successful practical results during so many years. He thought we should use the means we have in effecting new provings and re-provings.

Dr. Gottschalk thought that this was a matter that should not be treated lightly and that it should be deferred for one year.

Dr. S. R. Beckwith offered the following preamble and resolution touching this subject:

Whereas in the opinion of the American Institute of Homœopathy a more thorough and complete proving of the drugs now used by the medical profession is important and necessary, to the end that the materia medica may be purified as far as possible both from errors and superfluities and become more available for the treatment of disease; therefore

Resolved that a special commission be appointed by the institute to memorialize congress at its next session in relation to appropriating such a sum or sums as in the opinion of the commission may be necessary to establish and maintain a provers' college upon such a plan and with such a faculty as may be deemed advisable.

On motion of Dr. Talbot, the above resolution, together with the subject of establishing a college of provers, was referred to a special committee, to report during the session. The chair appointed the committee as follows: Drs. I. T. Talbot, S. R. Beckwith, T. F. Allen, T. L. Brown, Lyman Clary.

The board of censors reported the following applicants for membership as eligible and they were accordingly elected: C. S. Eldridge, Chicago, Illinois; E. M. Scheurer, Clearfield, Pennsylvania; George Ballen, Mt. Barker, South Australia; William K. Williams, Philadelphia, Pennsylvania; J. B. Hall, St. Paul, Minnesota; Israel B. Chanter, Alleghany City, Pennsylvania; Robert E. Caruthers, Alleghany City, Pennsylvania; Joseph H. Buffum, Pittsburgh, Pennsylvania; James Winz, St. Louis, Missouri; Orange S. Runnels, Indianapolis, Indiana; M. B. Lukens, Cleveland, Ohio; Moses H. Waters, Terre Haute, Indiana; Isaac N. Eldridge, Flint, Michigan; Mrs. Jennie Ensign, New York; Myron H. Parmelee, Toledo, Ohio; Charles R. Dake, Brooklyn, New York; William Morris Butler, Montclair, New York; Wm. L. Breyfogle, Louisville, Kentucky; William H. Leonard, Minneapolis, Minnesota; E. H. Stilson, Keokuk, Iowa; J. Pettet, Cleveland, Ohio; Harry P. Mera, Rochester, New York; A. F. Schatz, Columbus, Ohio; Milton P. Hayward, Oberlin, Ohio; George C. McDermott, Warren, Pennsylvania; William A. Phillips, Cleveland, Ohio; E. P. Gaylord, Toledo, Ohio; W. P. Armstrong, Paris, Illinois; O. L. Bradford, Andover, Massachusetts; Sara B. Chase, Brownhelm, Ohio; Hester A. Warren, Emporia, Kansas; E. V. Van Norman, Springfield, Ohio; E. M. Hall, Fredericktown, Ohio; E. W. Robertson, Cleveland, Ohio; J. B. Hunt, Indianapolis, Indiana; A. B. Cassarrat, Otsego, New York; A. C. McChesney, College Hill, Ohio; R. F. Turner, Wheeling, West Virginia.

Several applications were thrown out in consequence of the irregularity of the applicants' diplomas.

Dr. T. F. Allen, of New York, presented a very valuable proving, which was referred to the committee of publication. Other papers were then read by title and referred.

The report and papers in possession of the bureau of clinical medicine were presented by Dr. J. C. Burgher, of Pittsburgh. The following papers were presented:

"Hints on the management of phthisis pulmonalis," by George A. Hall, of Chicago.

"An examination of the apparent causes and results of treatment in one hundred cases of phthisis," by H. B. Clarke, of New Bedford, Massachusetts.

"Ferrum (iron) versus phthisis," by E. C. Beckwith, of Zanesville, Ohio.

"Regular and systematic respiration of pure air as a prophylaxis of phthisis," by J. C. Burgher, of Pittsburgh.

"Statistics of comparative mortality under allopathic and homœopathic treatment," by E. M. Kellogg, of New York.

"Anal and rectal fissure," by W. Eggert, of Indianapolis.

"Clinical reports of three cases cured by natrum muriaticum," by W. Gallupe, of Bangor, Maine.

"Practical remarks on pulmonary consumption," by W. H. Holcombe, of New Orleans.

These papers were read and discussed.

Dr. Marix, of Denver, Colorado, protested against the use of compound remedies and palliative (such as the external use of croton oil) by homœopathic practitioners as followed by Dr. Clarke. He regarded consumption as amenable to homœopathic remedies in the early stages.

Dr. Lilienthal, of New York, also protested against such treatment. Consumption he regarded as a disease setting in from mal-nutrition and assimilation of food and that in its earlier stages medicines selected homœopathically for the treatment of these derangements would prevent and cure the lung disease.

S. Cate, of Salem, Massachusetts, protested against gentlemen denouncing the treatment of others because it did not comport with their own methods.

Dr. C. H. von Tagen, of Cleveland, related an interesting case coming under his observation in which a distinguished naval officer, who had well developed consumption, was cured by taking to a naval life.

Dr. T. L. Brown, of Binghamton, New York, also related a very interesting case in which an old gentleman who had incipient consumption was cured by open air exercise and abstaining from all stimulating and improper food, principally tea and coffee, eating but two meals a day.

Dr. Gottschalk had made one hundred and fifty autopsies of soldiers and had found but one healthy lung; in all the others there were more or less marks of disease and in many were cicatrices showing healed up ulcerative processes which had been going on in the lungs. He thought a bureau of climatology should be organized, especially for the benefit of consumptives.

The subject of consumption was still further discussed by Drs. R. R. Gregg, of Buffalo, New York; Pratt, of Wheaton, Illinois; Swazey, of Springfield, Massachusetts, and Pearson, of Mount Pleasant, Iowa.

Dr. Pearson had cured many cases with all the symptoms reported by Dr. Clarke where there was no disease of the lungs. He was surprised that no mention had been made of the state of the pulse. If he has a case with all the symptoms related and a pulse of seventy he has no fears for him as far as consumption is concerned. But when the pulse is one hundred and twenty then there is serious danger of consumption.

SECOND DAY.

The session of the institute was resumed on Wednesday morning, in college hall, at half past nine o'clock, the president in the chair.

The bureau of clinical medicine resumed its reports; Dr. George A. Hall, of Chicago, presenting a paper entitled "Hints for the management of pulmonary phthisis."

Dr. E. C. Franklin, of St. Louis, spoke at length in regard to the treatment of consumption. He had no faith in remedies and did not know of any drug that had any reliable influence upon the disease. He regarded the systematic inhalation of pure air as the most useful means of cure and related a case in which remarkable improvement was effected by this means in three months.

Dr. J. C. Burgher had a paper prepared on the systematic respiration of pure atmospheric air. He used a tube as an inhaler, more for the purpose of inciting the patients to make the respirations as directed and as a handy means of making them than for any specific effect otherwise.

Dr. R. R. Gregg, of Buffalo, New York, who has made a special study of consumption and its treatment, made a very interesting statement, at great length, concerning the pathology of disease; and exhibited a number of enlarged photographic views from Virchow and other pathologists exhibiting the miscropic appearances of the lung tissue during various stages of the disease.

The president announced the appointment of the bureau of materia medica as follows: T. F. Allen, M. D., New York, chairman; H. H. Baxter, M. D., Cleveland, Ohio; Wallace McGeorge, M. D., Woodbury, New Jersey; Wm. E. Payne, Bath, Maine; E. M. Hale, M. D., Chicago, Illinois; O. P. Baer, M. D., Richmond, Indiana; J. P. Dake, M. D., Nashville, Tennessee; Constantine Hering, M. D., Philadelphia, Pennsylvania.

Dr. E. M. Kellogg, of New York, presented a paper on comparative mortality in the cities of New York, Boston and Philadelphia under allopathic and homœopathic treatment, which exhibited the following results:

ALLOPATHIC.

City.	Year.	No. of Physicians.	No. of Deaths.	Ratio.
New York	1870	944	14,869	15.75
“	1871	984	15,526	15.78
Boston	1870	218	3,872	17.76
“	1871	233	3,369	14.46
“	1872	233	4,575	19.63
Philadelphia	1872	655	12,468	19.03
Total		3,267	54,678	16.73

HOMŒOPATHIC.

City.	Year.	No. of Physicians.	No. of Deaths.	Ratio.
New York	1870	143	1,287	9.00
“	1871	156	1,243	7.97
Boston	1870	40	402	10.05
“	1871	44	363	8.25
“	1872	54	446	8.26
Philadelphia	1872	168	2,162	12.87
Total		605	5,903	9.75

From these tables it appears that where homœopathy loses ten patients allopathy loses seventeen.

The balance of the papers of the bureau of clinical medicine were then read by title and referred to the committee of publication.

The secretary presented the draft of a constitution and bylaws prepared by the bureau of organization, registration and statistics. On motion the secretary was directed to have the same printed and sent out with the next volume of transactions for action at the next session. The report and papers of the bureau of obstetrics and diseases of women and children were next in order. The chairman, Professor R. Ludlam, of Chicago, presented the report and announced the following papers:

"Leucorrhea as a conservator," by Dr. J. C. Sanders, of Cleveland.

"Inversion of the uterus," by Dr. Mary Stafford Blake, of Boston.

"Cervicitis as related to leucorrhea," by J. H. Woodbury, of Boston.

These papers were read, accepted and discussed, and subsequently referred to the committee of publication.

The president announced the following appointments of bureaus:

Bureau of clinical medicine—L. E. Ober, LaCrosse, Wisconsin, chairman; H. B. Clarke, New Bedford, Massachusetts; William Eggert, Indianapolis, Indiana; E. C. Beckwith, Zanesville, Ohio; George A. Hall, Chicago, Illinois; W. H. Holcomb, New Orleans; W. H. Watson, Utica, New Jersey; David Cowley, Pittsburgh, Pennsylvania; Bushrod W. James, Philadelphia, Pennsylvania.

Bureau of obstetrics—J. C. Sanders, Cleveland, Ohio, chairman; J. H. Woodbury, Boston, Massachusetts; Mary Safford Blake, Boston, Massachusetts; O. B. Gause, Philadelphia, Pennsylvania; F. B. Mandeville, Newark, New Jersey; R. Ludlam, Chicago, Illinois.

Dr. Marix, of Colorado, introduced a resolution to establish a committee on climatology, which was adopted.

The report and papers of the sub-bureau of gynecological surgery were then presented by Dr. S. R. Beckwith, of Cincinnati, Ohio. The papers were as follows:

"Chronic cervical endometritis," by Dr. S. R. Beckwith, of Cincinnati.

"Ovarian cyst," by Dr. C. Ormes, of Jamestown, New York.

"Electrolysis in ovarian tumor," by Willis Danforth, M. D., Chicago, Illinois.

Professor E. C. Franklin, of St. Louis, related a case of cure of an ovarian tumor the size of a cocoanut by means of electrolysis. The tumor entirely disappeared after three applications of the battery and needles.

Dr. J. G. Gilchrist related a case of ovarian tumor cured by him by medicine alone, given in a very high dilution.

Dr. R. R. Gregg thought that he had noticed the occurrence of throat diseases following local treatment of uterine diseases. He believed in a careful collation of all the symptoms and the selection of a remedy in homœopathic accord with them.

The subjects presented by these papers were further discussed by other members.

The president announced the following members as constituting the bureau of gynecology: S. R. Beckwith, Cincinnati, Ohio, chairman; S. Lilienthal, New York; R. B. Rush, Salem, Ohio; C. Ormes, Jamestown, New York; W. Danforth, Chicago, Illinois; M. Friese, Harrisburgh, Pennsylvania; W. H. Hunt, Covington, Kentucky.

The board of censors made a supplementary report by which the following physicians were admitted to membership: H. H. Bartlett, Geneva, Ohio; C. W. Prindle, Grand Rapids, Michigan; Julia A. Dunning, Corry, Pennsylvania; G. H. Patchen, Burlington, Iowa; W. H. Jenney, Kansas City, Missouri; E. W. Fish, Cincinnati, Ohio; G. J. Jones, Grafton, Ohio; Isaiah J. Whitfield, Grand Rapids, Michigan; W. S. Purdy, Corning, New York; C. A. Norton, Portsmouth, New Hampshire; F. R. Schmucker, Reading, Pennsylvania; L. J. Hunt, Covington, Kentucky; B. F. Bailey, Lansing, Michigan; D. Hitchcock, Norwalk, Connecticut; G. D. Allen, Portland, Iowa; James Rust, Wellington, Ohio; J. B. Frasier, Conneautville, Pa.; W. M Detwiler, Findlay, Ohio.

The president announced that he had received a telegram from

Boston announcing that the Massachusetts medical society had to-day expelled seven members for practicing homœopathy. The announcement was received with shouts of derisive laughter and uproarious applause. Dr. I. T. Talbot, of Boston, one of the seven expelled, was loudly called for and, mounting the rostrum, he explained the situation of affairs in Massachusetts, showing up the conduct of the allopaths in expelling men from a society which was organized for all medical men under the laws of Massachusetts for the protection of the public and physicians. His account of the trial elicited much laughter and applause. The great power of the newspaper press of the United States was united unanimously in favor of the homœopaths and against the bigotry and intolerance of the allopaths. The allopaths have been held up to public scorn by the press and the result of the persecution has been that through the almost universal sympathy of the public one hundred thousand dollars was raised for the establishment of a homœopathic hospital and the establishment of a homœopathic medical college in connection with the Boston university, an institution established by the munificence of the late Isaac Rich, with a fund of ten million dollars.

The report and papers in charge of the bureau of surgery were then presented by Dr. J. H. McClelland, of Pittsburgh, Pennsylvania. The subject selected by the bureau was diseases of bones and their medical and surgical treatment.

"Rachitis," by N. Schneider, of Cleveland, Ohio.

"Bone tumors, benign and malignant," by E. C. Franklin, of St. Louis, Missouri.

"Suppuration and abscess of bone," by M. W. Wallens, of Somerville, New Jersey.

"Therapeutics of bone diseases," by J. C. Morgan, of Philadelphia, Pennsylvania.

"Necrosis," by L. H. Willard, of Pittsburgh, Pennsylvania.

"Caries," by C. P. Seip, of Pittsburgh, Pennsylvania.

"Reproduction and repair of bone," by J. H. McClelland, of Pittsburgh, Pennsylvania.

"Strangulated umbilical hernia," with removal of sixteen inches of large intestine, by H. F. Biggar, of Cleveland, Ohio.

BANQUET.

On Wednesday evening the banquet took place at the Central rink. Only two days before the floor of the rink was covered with a mass of debris but a complete metamorphosis was accomplished and the vast room was fitted up with an elegance and taste that would have done credit to the palmiest days of the institution. Flags were suspended in graceful folds from the arches, while a profusion of evergreens and flowers arranged with consummate skill combined to produce a most pleasing effect. At the rear of the rink a sodded flower bed was constructed upon a sloping platform and around it were placed evergreens and rare plants. Bouquets of beautiful flowers in vases were scattered on this garden, the whole presenting a decidedly lovely appearance.

After the guests had satisfied the wants of the inner man, a "feast of reason and a flow of soul" followed.

The following is the programme of toasts and responses:

First toast—"Samuel Hahnemann, the father of homœopathy." Drunk in silence.

Dirge by the band.

Second toast—"The veterans of homœopathy, past and present." Response by Professor A. E. Small.

Third toast—"*Triumviri Americani*, Washington the father, Lincoln the martyr and Grant the warrior." Response by George Willey, Esq.

Music by the band.

Fourth toast—"The state of Ohio, young in years, in rank the third in the great American galaxy." Response by Judge R. F. Paine.

Fifth toast—"Cleveland, the beautiful city, the pride of the state, may her hospitals ere long equal her other charities." Response by W. H. Price.

Sixth toast—"To the old men full of years, to the young men full of strength. They bind the past to the future and the present, like a keystone, holds them in happy conjunction." Response for the former by Drs. McManus and Swazy, for the latter by Drs. Dudley, Baxter and McClellan.

Seventh toast—"Our medical literature; it serves as our daily food; it is both stimulant and condiment, things solid and fluid, pray that it may have no admixture of poison." Response by Drs. Talbot, Ludlam and Lilienthal.

Eighth toast—"Our medical colleges; they hold a sacred trust; as sentinels they guard our inlets; let those who have them in charge remember they are responsible for the character of those who gain admission into the profession." Response by Drs. Beckwith and Gause.

Ninth toast—"To medical men of all schools, we greet them on the broad platform of liberty and fraternity, while at the same time we insist upon maintaining our individual identity.'› Response by Drs. Dake and von Gottschalk.

Tenth toast—"The pulpit and the press; they furnish us, the former with spiritual the latter with mental sustenance."

Eleventh toast—"Modern science; her magic wand brings to our view facts and fancies more wondrous than the dreams of Aladdin." Response by Dr. T. P. Wilson.

THIRD DAY.

The reports of the bureau of surgery were resumed. A number of valuable and very interesting papers were read relating to the disease of bone. One paper in particular was read by Dr. L. H. Willard, of Pittsburgh, Pennsylvania, in which was related a case where a portion of one of the bones of the leg having been removed in consequence of disease and, so far as could be ascertained, the periosteum or investing membrane of the bone also, the bone was reproduced in such a way that the limb was as strong and useful as before and in no way deformed. The statement of this case gave rise to an animated discussion in which the surgeons present gave their views of this subject of reproduction of bone. It was generally agreed that there were sufficiently well ascertained facts for believing that the periosteum is not the "mother of the bone," as generally believed, but that bone could be formed independently of it, by the effusion of organizable plasina and nucleated bone cells, by which true bone was formed by graded steps.

Dr. H. F. Biggar, of Cleveland, related a case of strangulated umbilical hernia, removing sixteen inches of the large intestine, and exhibited the patient to the institute, together with the intestine removed. The woman seemed to be well and hearty.

The bureau of surgery being closed and its papers referred to the committee of publication, the president made the following appointments for that bureau for the ensuing year: E. C. Franklin, St. Louis, Missouri, chairman; N. Schneider, Cleveland, Ohio; L. Pratt, Wheaton, Illinois; W. T. Helmuth, New York; L. H. Willard, Pittsburgh, Pennsylvania; H. F. Biggar, Cleveland, Ohio; L. H. McClelland, Pittsburgh, Pennsylvania; G. M. Pease, Boston, Massachusetts; S. R. Beckwith, Cincinnati, Ohio; M. McFarlan, Philadelphia, Pennsylvania; J. G. Gilchrist, Tidioute, Pennsylvania; M. W. Wallens, Somerville, New Jersey.

The bureau of diseases of the eye and ear then presented its reports and papers, through Professor T. P. Wilson, of Cincinnati. Professor Wilson read a very interesting paper on diseases of the eye and exhibited a new apparatus for syringing the ear.

Dr. von Tagen then read the paper which is published elsewhere in this issue.

After this bureau had closed the president made the following appointments to serve during the ensuing year: Malcolm McFarlan, Philadelphia, Pennsylvania, chairman; T. P. Wilson, Cincinnati, Ohio; H. C. Houghton, New York; C. H. von Tagen, Cleveland, Ohio; W. L. Breyfogle, Louisville, Kentucky; W. H. Woodyatt, Chicago, Illinois.

A supplementary report of the board of censors was then made, by which the following persons were admitted to membership: T. B. Benedict, Onia, Michigan; J. H. West, Geneseo, New York; P. D. Liscomb, Beaver Falls, Pennsylvania; G. H. Greeley, Syracuse, New York; Chester Smith, Portland, Michigan; Mary A. B. Woods, Erie, Pennsylvania; E. M. Hurd, Rochester, New York; W. H. Woodyatt, Chicago; C. T. Canfield, Titusville, Pennsylvania.

Dr. I. T. Talbot offered the following resolution, which was adopted:

Resolved that no cases or papers which have been previously published shall be presented to the institute or published in its transactions.

The next business in order was the selection of a time and place for the next meeting. The secretary read an invitation from the physicians of Minnesota inviting the institute to meet in St. Paul or Minneapolis. Niagara Falls was proposed. On motion it was agreed to meet at Niagara Falls on the first Tuesday in June, 1874.

The committee appointed to report a committee on climatology made the following selections, which were confirmed by the institute: M. M. Marix, Denver, Colorado; W. E. Payne, Bath, Maine; W. H. Holcomb, New Orleans; J. G. Gilchrist, Tidioute, Pennsylvania; A. K. Wright, Buffalo, New York; T. C. Duncan, Chicago, Illinois; W. H. Leonard, Minneapolis, Minnesota; F. Hiller, San Francisco, California.

The bureau of anatomy, physiology and hygiene then presented its report and papers through Dr. J. D. Buck, of Cincinnati. Dr. Buck presented a very valuable paper on the hygienic care of infants. The subject of diet for infants elicited a very animated and interesting discussion in which it was clearly made out that what was food for one baby might not be for another; that there is no universal diet for infants and that food must be selected according to circumstances.

Dr. G. W. Swazey, of Springfield, Massachusetts, then presented the report and papers in charge of the bureau of psychological medicine. The following papers were read:

"On the importance of mental symptoms in our provings and prescriptions," by C. Pearson, of Mount Pleasant, Iowa.

"Vital dynamics," by J. H. P. Frost, of Danville, Pennsylvania.

"Non-restraint in the treatment of the insane."

The paper on "Vital Dynamics," by Dr. Frost, was a very able and elaborate production, showing great labor, learning and research. But a portion of it could be read, which gave an index however, to its valuable character. The paper was received with favor and referred.

Dr. T. L. Brown made a strong appeal in favor of the abolition of tobacco, tea, coffee, wines, liquors and all other stimulants.

Dr. S. Lilienthal presented the report of the bureau of homœopathic literature. The report showed a very flourishing condition of the literature of the homœopathic school, especially the provincial literature. Three new journals have been added during the year to those already existing and many new and valuable works had been issued by various publishing houses, the three principal of which were by western authors.

The president appointed Dr. S. Lilienthal, of New York, S. A. Jones, Englewood, New Jersey, and George E. Shipman, Chicago

Dr. W. H. Watson, of Utica, New York, offered the following resolutions, which were unanimously adopted:

Resolved that homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "no taxation without representation" by *sectarian* monopolies either of national, state, county or city institutions supported by legal assessment or of those private eleemosynary institutions which derive their support from individual contributions.

Resolved that the recognition of this principle by the legislature of Michigan by its action at its recent session in creating two professorships of homœopathy in the university of that state meets the most hearty approval of this body.

Dr. Pemberton Dudley, of Philadelphia, presented the report of the bureau of organization, registration and statistics. The principal part of this report was a paper on the comparative mortality under homœopathic and allopathic treatment in the city of Philadelphia during the year 1872. This table showed that in dropsy of the brain, other forms of dropsy and marasmus, the ratio was slightly in favor of allopathy; in scarlet fever, old age and paralysis the ratio was about equal; while in all other forms of disease and in all forms of disease taken as a whole the ratio was very decidedly in favor of homœopathic treatment; that is that fewer patients die under homœopathic treatment than under allopathic treatment. It was also shown that of those who die there was a considerable difference in their average age in favor of homœopathic treatment.

Dr. R. J. McClatchey, of Philadelphia, presented the report of the committee on homœopathic dispensatory, announcing that that great work was rapidly approaching completion and would be in all probability ready for publication by the next session of the institute.

Dr. T. F. Pomeroy, of Michigan, made the following report in behalf of the delegates of the homœopathic society of Michigan:

"To the American Institute of Homœopathy, assembled at Cleveland, session of 1873:

"The undersigned, delegates of the homœopathic medical society of the state of Michigan, respectfully submit the following report:

"We have an incorporated association, organized in 1868, whose membership embraces forty-two physicians, all graduates of reputable medical colleges. Sessions are held on the third Tuesdays and Wednesdays of May and November of each year. The society has engaged heartily in the endeavor to promote the general interests of homœopathy by seeking recognition in the University of Michigan, a large and flourishing institution under the government of the state. We are happy in being able to report that these efforts have at length been rewarded by entire success. The legislature at its last session passed an enactment requiring the teaching of homœopathy in the medical department of the university, as follows:

"'The regents of the University of Michigan shall, on or before the 15th day of July, 1873, appoint and maintain two professors of homœopathy in the medical departmen thereof, viz: One homœopathic professor of materia medica and therapeutics and one homœopathic professor of theory and practice. The said professors shall enjoy all the rights and privileges, immunities and emoluments that are now or may be hereafter accorded to the allopathic professors.'

"This liberal enactment passed the house by the handsome majority of nearly three to one and the senate with only five votes against it. This triumph in behalf of equal rights and scientific education has not been achieved without long and persistent efforts and great expenditure of time and money on the part of a few devoted men. Long before our society had an existence these men were knocking at the door of the university and their potent demand for entrance "in the name of the people" has proved invincible.

"We would that the method by which the legislature in its wisdom has seen fit to carry out the clearly expressed wishes of the people had ended all unseemly strife. Endeavors to undo what has been so wisely ordered are still manifest, however, but with small prospects of mischief other than that of misleading friends of the cause whose location is remote but whose interest is keenly attracted.

" In order that the profession at large might participate in the important duty of selecting candidates to be recommended to the regency of the university to fill these positions, the officers of the homœopathic medical society of the state of Michigan issued a circular under date of April 15th, ultimo, calling for a convention to assemble at Ann Arbor on the 7th of May and representing that as the benefits of this law are universal in their application the physicians of other states should aid in the object by attending personally at the convention and by taking an active part in its deliberations. This circular was distributed as generally as the nature of the case would permit and the attendance at the convention, though small in number, was representative in character. Letters were received from nearly all the States of the Union expressing the deepest interest, and wishing the convention God speed in its work. Three nominees for each chair were selected by the convention, none of them residents of Michigan, the physicians of that state preferring to show their disinterestedness of purpose by declining all nominations from their own ranks. No preference was expressed by the convention as between these nominees and the nominations were unanimous.

" Nor has the state of Michigan limited her recognition of our science to the medical department of her university. She has placed the hospital of the state prison at Jackson under homœopathic management for six of the last eight years—there being an interregnum of two years in which the old school method was given another chance and its claims, let us hope, forever abolished.

" We do not feel that any apology is needed for occupying the attention of the institute in these details, as the fact that the state of Michigan, by the enactment of this law, has been the first to bestow governmental recognition upon homœopathy is of immense and far-reaching importance. It indicates that the strongholds of old school bigotry and intolerance must surrender to the weapons of justice and common sense. It means that other states will follow the glorious lead. It means that the general government will swiftly fall into line and that ere long homœopathy shall dispute with allopathy its claim to monopoly of the army and navy of the United States.

"A. A. Bancroft, M. D.
"I. N. Eldridge, M. D."

FOURTH DAY.

The institute assembled at ten o'clock, the president in the chair.

Dr. I. T. Talbot, from the committee to report on the establishment of a national college of drug provers, reported that the subject was of such importance as to require the further deliberation of the institute and that the reports on this subject be printed with the transactions for the consideration of the members, and that the bureau continue its labors through the year.

Dr. Talbot also reported in behalf of the committee on colleges, reciting the history of the establishment of a homœopathic college in connection with the Boston university and a general plan for raising the standard of medical education and making three terms of study obligatory upon homœopathic medical students.

A plan has been proposed to centralize the colleges of the west into one medical university, to be located in one of the cities of the west. Said university to be endowed with a fund of not less than one million dollars, embracing a faculty teaching every branch and department in medicine and covering a period of time sufficient to thoroughly and fully educate its graduates. This drew forth eloquent remarks from Professor S. R. Beckwith, of the Cincinnati college, E. C. Franklin of the St. Louis college, R. Ludlam, of the Chicago college, and N. Schneider of the Cleveland college, all of whom pledged a hearty co-operation with the effort. Professor S. Lilienthal, of New York, said the east would heartily co-operate with the west in the establishment of a grand central university. A committee was appointed to confer together on this subject and render a report at the next meeting, as follows: Drs. Beckwith, chairman, Ludlam, Baxter, Franklin, Pomeroy and Cornelius Ormes, Jamestown, New York.

The board of censors made the final report of that board, by which the following physicians were admitted to membership: H. W. Carter, Cuyahoga Falls, Ohio; E. C. Morrill, Norwalk, Ohio; M. T. Wilson, San Francisco; Frederick Hiller, San Francisco.

Dr. F. R. McManus, of Baltimore, announced the death of Samuel Gregg, of Boston, one of the veterans, and paid a feeling tribute to his memory.

A hearty and cordial vote of thanks was tendered to Dr. McManus, chairman of the board of censors, for his faithful labors in that position during the past fourteen years. The secretary was instructed to have the vote engrossed and forwarded to Dr. McManus.

Dr. E. C. Franklin offered the following resolutions, which were unanimously adopted:

In view of the fact that the reports of the surgeon general of the United States army, as exhibited in volumes one and two of the first part of the "Medical and Surgical History of the War of the Rebellion," have received a too limited circulation by reason of an insufficient issue of the same by Congress; therefore

Resolved that the president and secretary of this Institute be directed to petition Congress at the next session in behalf of the homœopathic profession, asking that the edition recently issued be reproduced in sufficient number to permit the general distribution to the members of the profession throughout the country.

Resolved that the thanks of this Institute are due and are hereby tendered Congress for aiding thus far in developing and presenting to the profession reports of the surgeon general as herein specified.

Resolved that the thanks of this Institute are hereby tendered the officers of the United States army who have by sacrifice and labor been instrumental in placing before the profession the valuable information contained in volumes one and two of the "Medical and Surgical History of the War of the Rebellion."

The secretary announced that he had received a telegram announcing the death of Dr. David James, of Philadelphia, one of the veteran homœopaths of the country. Dr. Pemberton Dudley offered the following preamble and resolution in relation thereto, which were adopted by a rising vote:

Whereas we have just learned with deep regret of the decease this morning at his residence in Philadelphia of David James, M. D., a veteran member of this body and one of the earliest and most self-sacrificing champions and practitioners of homœopathy in America; therefore

Resolved that the American Institute of Homœopathy recognizes in his death a serious loss alike to the profession and the community and that we tender to his family our warmest sympathies in the afflictive dispensation which has separated from them, though "but for a season," a loved husband and an honored father.

The report of the necrologist was them made, announcing the decease of other members of the institute during the fiscal year. The report was accepted and referred.

The bureau of pardology, or diseases of children, was appointed by the chair, as follows: Dr. T. C. Duncan, Chicago, chairman; Emma Scott, New York; F. R. McManus, Baltimore; Nubilung, St. Louis; H. N. Martin, Philadelphia; N. R. Morse, Salem, Massachusetts.

The institute then proceeded to the election of officers to serve from the first of January next, with the following result:

President—Dr. J. J. Youlin, Jersey City, New Jersey.

Vice President—N. Schneider, Cleveland,

General Secretary—Robert J. McClatchey, Philadelphia.

Provisional Secretary—Bushrod W. James, Philadelphia.

Treasurer—E. M. Kellogg, New York.

Board of Censors—F. R. McManus, Baltimore; E. F. Pomeroy, Detroit; H. H. Baxter, Cleveland; A. R. Wright, Buffalo; Mary Safford Blake, Boston.

Votes of thanks were then tendered to those who had contributed in various ways to the success and pleasure of the session.

Dr. C. R. Morgan, law phonographer, of Philadelphia, who has served the institute for three years, was elected official phonographer of the institute.

The institute then adjourned to meet at Niagara Falls, June 2, 1874.

CASES OF DR. VON TAGEN'S REVIEWED.

BY T. C. DUNCAN, M. D.

The report of Dr. von Tagen on meningitis cerebro-spinalis interested me greatly. I am collecting all the facts I can about this singular disease. I lack a few more facts to unravel its etiology, pathology and treatment satisfactorily. I would like the readers of the REPORTER to note the kind of weather before and during the appearance of the disease, the temperament and general health of the subjects, the diet before the attack, the time and *order* of the *first* symptoms; also the character and the surroundings of the location of the case.

In the first case reported by Dr. von Tagen it seems to me a little strange that with mental irritability and very severe diarrhea the doctor did not suspect brain trouble, i. e. central and peripheral. And why he did not prescribe belladonna instead of antimonium crudum. I should like to have known the condition and appearance of the eye at that time. The application of the ice bag to the spine was an allopathic expedient which seemed to afford palliative results. The glonoine did what little curing of the inflammation was done, if we except the calcarea, which no doubt aided resolution.

The conditions to induce an attack of this disease it seems to me are (1) cold, (2) moisture, (3) debility and (4) carbonic acid in excess.

In the second case reported by Dr. von Tagen the latter condition did not obtain until the communicating inflammation induced the venous stasis. This gave the "livid line." There was not a marked excess of carbonic acid or we should have had a breaking down of the blood globules, i. e. chymosis. In the last case there was the acidity and debility which ordinarily gave only spasms, but with the added cold and damp weather meningeal inflammation was developed.

The course of the disease seems to me first a *venous stasis*. This is the *sedative* (?) effect referred to by Dr. Van Norman (page 106) produced by cold. It is a condition of the brain simulating apoplexy. The patient is very drowsy. The next step is distension and pressure induced by enervating moisture and debility. This is the stage of *irritability.* The blood is now loaded with carbonic acid which induces meningeal inflammation (the next stage) and general disturbance of the system, especially of the digestive organs. It was this condition no doubt which suggested antimonium crudum to Dr. von Tagen in his first case. It received the peripheral conditions but did not effect the cerebral venous stasis the pressure of the tense tentorium upon the cerebellum and adjacent structures. The ice contracted the capillaries, and that seemed all. It no doubt limited the stage of effusion or exudation. Here we meet the coma again.

The last stage, resolution, is more or less prolonged, depending upon the amount of inflammation and effusion. If these have been extensive the convalescence is tedious. The damage to the nerves, and meninges is sometimes serious. Sweating is a symptom of this stage and should be early encouraged. Calcarea is here well indicated.

The intestinal irritation in the first case viewed in the light of its subsequent history and of Brown-Sequard's experiments points to irritation of the quadrigemina bodies produced by the venous stasis in the venæ galeni. The stagnation extended to the chorion plexus for the striated bodies were also effected. An ophthalmoscopic examination, it is presumed, would reveal the true cerebral condition. Where the effusion is great all of the special senses are effected. Here our oculists may give us special information.

The criticism suggested is that we are apt to overlook or mistake the two first stages of this disease. Had the cases been reported more in detail their value would have been enhanced very much I believe.

EDITORIAL COMMENTS.

In his investigations into the causes, etc., of the above disease we would call the attention of Dr. Duncan to a pamphlet, "Epidemic Cerebro-Spinal Menginitis," by Moreau Morris, city sanitary inspector of New York, in reference to the epidemic of last year, from which we quote the following:

"With the first well marked group of cases special investigations were instituted to ascertain if possible what might be the cause. The conditions of defective local drainage were found to be such as would necessarily produce disease."

"With succeeding cases much the same sanitary conditions appertained to each case. It is hardly possible to convince one unskilled in this kind of examination of the true danger that lurks in a defective sewer."

"In a very large proportion of the dwellings of this city adequate and proper provisions are rarely ever made for the ventilation or escape of sewer gas, which is constantly being generated in the sewers and soil pipes. "Such a provision may be easily and simply provided, *by extending the main soil pipe with which all the waste pipes of the house connect directly upward and outward beyond the roof of the house from the street sewer, without any intervening stench trap.* By this simple and direct means, all the poisonous or offensive gases generated in the street sewers or soil pipes of the houses would have an unobstructed outlet to the higher stratum of air, where they would become innocuous by rapid dilution. If, in addition, this soil pipe could be so arranged—as it might be in new buildings—so as to pass upward, either into the chimney or by a separate flue connected therewith, it would become heated by its proximity and an additional impetus thereby afforded to the upward current, thus increasing its effect as a ventilating shaft both for the house drains and the public sewer connected with it. Such a construction has, in several instances, been recommended and applied, and is found to fulfill all that was anticipated in removing offensive odors from the dwellings, and purifying the atmosphere of the rooms."

From thorough examination of all cases reported the author deduces the following practical deductions:

"That this disease is specific in its nature, possessed of great fatality, having an analogous etiology with typhoidal diseases, but depending upon the elimination of some special poison generated in the decomposition of animal and vegetable matter, under certain meteorological conditions.

"That it is not contagious or infectious from the person or through the medium of fomites.

"That its mode of attack is by the operation of this special poison upon the blood, through inhalation or possibly cutaneous absorption.

"That its special lesions are congestion of the vessels of the brain and spinal axis, followed by the sequelæ of acute and subacute inflammation.

"Its prophylaxes are the prevention of the escape of poisonous sewer gases into dwellings by providing for their free outlet into the external atmosphere; thorough cleanliness and removal of all decomposing matter about the premises; disinfection with carbolic acid in some form or some other equally powerful arrester of decomposition; free ventilation of all close or confined places by the admission of fresh air in large volumes; and thorough washing or flushing out of all drains or sewer pipes connected directly or remotely with dwelling houses."

Clinical Communications.

Pityriasis Capitis

Over whole scalp and extending into the ear, accompanied with a troublesome itching; *worse* from warmth, sweat, combing, scratching; *better* from washing, particularly with borax in solution. Gave lycopodium, sulphur, or hepar sulphur, with only partial relief. Rubbed watery paste of flowers of sulphur into the scalp once and gave one dose of the same in sixth potency. This dandruff was of four years standing and disappeared after the above medication three months since and has not returned.

Mammary Abscess.

Mrs. ——, aged thirty-two years, bilious sanguine temperament, mother of two children. Breast suppurated and was opened twice under allopathic treatment. Had not rested for forty-eight hours, feverish, right breast hard, swollen and tender. Applied *apis oil* externally and gave globules medicated with tincture internally every two hours, giving *aconite* (same potency) every third dose. In twenty-four hours all hardness, soreness and pain had disappeared.

Apis oil I make thus: six bees to three ounces of olive oil, and let them stand for three or four days.

I use it on frozen toes, feet, etc., also for styes when the inside of the lid points out with a stinging and itching sensation. Patients take cold easily after its use, hence care is required in cold, freezing weather.

P. S. Duff, Coylesville, Pa.

Olla Podrida.

Transportation of Fish in Seaweed.

Five live sea fish were recently sent by mail from Naples to London, the journey consuming a little over four days. The fish were each about two inches in length and were packed in damp sea-weed, from which all but one came out in good condition and soon after being placed in their natural element became as lively as ever.

Flies and Contagion.

Professor Leidy thinks flies carry contagion from one subject to another, hence great care must be taken to exclude them from wounds when gangrene exists anywhere in the vicinity.

Willed His Body for Dissection.

A dying pauper in Ireland willed his body to a surgeon for dissection. The poor law guardians were indignant and demanded that the surgeon resign the office which he holds in the board of charities. The ground claimed is "undue influence." Whose will will be disputed next?

Substitute for Quinine.

A Frenchman uses *laurus nobilis* instead of quinine; dose 15⅓ grains of the dry powdered leaves in a glass of cold water.

Liebig's Cold Soup.

Take eight ounces of raw lean beef, finely minced, add twenty ounces of cold water, ten drops muriatic acid and a little salt; let stand half an hour and then strain. One or two ounces may be given, as circumstances indicate.

Ansie's Meat Jelly.

Lean beef fillet, lean veal, lean mutton, each three pounds; cut up small and put into a saucepan *with no water*; simmer (never boiling) by the side of the fire for eight hours; strain the liquid from a small quantity of tasteless insoluble fiber that remains and let it jellify into a soft mass. A teaspoonful or two can be given as above.

Vaccination in Australia.

The assembly of South Australia has passed a bill in favor of making all medical practitioners public vaccinators and awarding the sum of three shillings and sixpence for each successful operation.

Castanea Vesca in Pertussis.

Dr. Davis gives in the *Philadelphia Medical Times* of December 28, 1872, a table of fifteen cases of whooping cough cured with the fluid extract of chestnut leaves; adding to the testimony already given by Dr. Unzicker, Perry, Close, Ludlow, Hale and others. Here is an opportunity for some homœopthic physician to give it a thorough proving and settle the sphere of the drug and give us specific indications for its use.

Pulse of Animals.

Horse 32 to 38; ox or cow 25 to 42; ass 48 to 54; sheep 70 to 79; dog 90 to 100; cat 110 to 120; rabbit 120; guinea pig 140; duck 135; hen 140.—*Vatel.*

Cancer Paste.

Dr. Nichols gives in the *Chicago Medical Journal* for April a report of several external tumors removed with a paste made of equal parts of chloride of zinc (granular) and sanguinaria root. The two are rubbed together in the open air until deliquescence ensues. A piece of adhesive plaster is first applied around the tumor to prevent the sound flesh being eaten away and the paste is then put on the tumor to the depth of half a line and then covered with adhesive plaster and allowed to remain one, two or three days until the tumor becomes loose enough to remove with the forceps. The dressing is then as for a simple wound or ulcer.

A Vegetable Cachunative.

A plant is described in Polgrare's work on "Central and Eastern Arabia" the seeds of which pulverized and taken in small doses produce an effect similar to nitrous oxide. Those to whom it is administered laugh and dance and perform various antics in the exhuberance of their joy, after which they fall asleep and on awakening are totally unconscious of what has passed.—*Phrenological Journal.*

Editorial.

"Old School" Illiberality.

The spirit of the age is generally considered to be a spirit of progress, which naturally presupposes the greatest liberality of thought and unlimited charity for everything new. Time was when a novelty was condemned because it was novel and anything or anybody young was despised and distrusted simply because of youth; innovation was crime, the old land marks were not to be removed, antiquity was indorsement regardless of intrinsic merit. In theory every one would denounce such a course at the present day yet in practice we often see that ancient spirit manifested. There are bigoted folk in nearly every walk of life, people who are blind to the virtues in another and to their own defects, but next to the religious bigot the average old school physician is the most intolerant of all people—that is, in medical matters. We said the average old school physician because there are a noble few allopaths who have the ability to perceive and the honesty to acknowledge that medicine is not an *exact* science and that allopathy may not have the monopoly of all the wisdom in practice or all that is good in therapeutics. Yet they are the exception which proves the rule. Stubborn facts show that homœopathy has worked wonders in healing the sick but still the "regulars" ignore all this and persistently cry down everything anti-"regular." There is no question but if they had the power they would make it a penal offense to practice any system of medicine except their own. They do not believe in the Scriptural injunction to "prove all things, hold fast to that which is good," but they claim absolute infallibility for their system and are not at all modest in demanding that it shall be accepted by the world to the utter exclusion of any other. It was such a spirit which crucified a Redeemer, which compelled a Reformation, which slew thousands of conscientious martyrs and which instigated all the greater and less persecutions in the world's history. Earnestness and principle based on conviction ought to go hand in hand but should ever be tempered by charity and liberality. Intolerance is but the excess of or rather the degeneration of those two admirable qualities.

Instances of the illiberality, vengeful spirit of "regular" physicians are almost numberless. In our own city not long ago a society of the alumni of an old school college adopted a resolution requesting the faculty to blot from the college records the names of all graduates who had become homœopaths, thus trying to deny facts in the institution's history to gratify a spite which is the outgrowth of unreasonable jealousy. Right here, too, has occurred an instance even more senseless. A homœopathic practitioner had for sale in the midst of the small pox excitement a kind of virus which proved highly efficacious. It found its way into the hands of some "regulars," who used it with the most satisfactory results until they chanced to learn that it came from a homœopath, when they at once discarded it for inferior matter, thus sacrificing the safety of their customers to an overweening prejudice. Language fails to express the absurdity, the unrighteousness of such actions. Then, our readers are no doubt familiar with the case of Dr. C. C. Cox, of Washington, D. C., president of the board of health of the district, who was refused admission to the "regular" medical association and was proscribed by it because, forsooth, he served on the district board of health of which Dr. T. S. Verdi, an eminent homœopath, was a member. And afterward Dr. Bliss was expelled from the same association because during a season of sickness of Vice President Colfax he called Dr. Cox to consult with him. Such actions are almost incredible in this age. In how great contrast with the narrow spirit of the regular profession at large are the sentiments of this Dr. Cox as expressed by him at Governor Cook's reception of the American Institute of Homœopathy in Washington a year ago last May. He said:

"And now, gentlemen, I say proudly that I stand here to-night an allopathist, endeared to my profession, a member of that old American Medical Association and one of it ex-vice presidents and its first representative to the medical societies of Europe; but should the time ever come when the verdict of that association shall be given against me on the principle involved in my case, I tell you that, as much as I love it, as much as I regard the social connection I have formed in it, I shall go forth from it with the proud consciousness of having done nothing which in any way affected my obligations to my professional brethren and that my sole cause of offense has been that I had subserved the cause of humanity and liberal principles and had chosen to exercise that right of private opinion and private judgment which, by the help of God, I have learned constantly and fearlessly to maintain and hope to do so until the last hour of my life. The time will never come when I will withhold from any true gentlemen, be he allopathic or homœopathic, the amenities and courtesies of life. The time will never come when I, as a member of any body engaged in service for the public good, shall stop to inquire whether the man who sits next to me is a disciple of Galen or of Hahnemann ; but I shall, on the contrary, give to him the right hand of fellowship and vie with him in promoting the public interest committed under God to us to subserve. You all no doubt agree with me, gentlemen, that it is high time that men engaged in the great mission of healing the sick should cease their wrangling and quarreling. The work to be done is too great and the time to do it in is too short to allow any part of it to be wasted in bickering and strife. We should remember that we live not in the ninth but in the nineteenth century ; we should bear in mind always that medicine is not an exact science and that it is so far from perfection that it is simply presumptuous for any one of our class or any class to wrap himself or themselves in the cloak of exclusiveness and say that he or they are the only defenders of the true science. It is presumption for one class of men—and in this connection I regret to be obliged to allude to the American Medical Association—to say that because one is of a particular color or believes in the doctrines of Hahnemann or he or she entertains opinions of their own in regard to the practice of medicine; it is the height of presumption, I say, for any class of men to declare that against such applicants the doors of the temple of science are to be closed and they are not to be permitted to enter. God gave a measure of intellect to all and he entitled all to the broadest culture, and the man or the number of men or the body that lifts its hand to prevent this cultivation of the mind and attempts to repress it in any way is raising hands against the maker and ruler of the universe. I wish to say here that it is alike the duty of allopaths and homœopaths, as a body of devotees to science, to join together in an effort to break down the barriers of bigotry and prejudice that exist to-day. It is our duty to stand together in the effort to put down exclusiveness. This should be the purpose of true lovers of science and each one should emulate his neighbor in paying his mite toward the great general store of human knowledge.

"Then let us pray that come it may,
As come it will for a' that,
That sense and worth o'er a' the earth
May bear the gree, and a' that.
For a' that, and a' that,
It's coming yet, for a' that,
That man to man, the warld o'er,
Shall brothers be for a' that."

In our last issue we gave a summary of the proceedings of the Michigan legislature and regents of the state university on the question of establishing two homœopathic professorships in the medical department of the university. The testimony of some of the "regular" medical professors shows how deep, how controlling is the prejudice against homœopaths. Can such things be? one may ask. Such things are, the more shame to the "regular" fraternity. They think or at least hope by their contemptuous course to cast such a weight of odium upon the homœopathic school as to crush it. But they mistake. Persecution always engenders sympathy for the persecuted and we have to thank the illiberality of the allopaths for much of the favor homœopathy enjoys. By hurling anathemas at our system of medicine and by their treatment of their own brethren who do not choose to go to extremes in denouncing homœopathy they have brought our school into greater notoriety than it would otherwise have attained so soon and they have set the unprejudiced public to investigating. The result has been a rapid increase of popularity for homœopathy and every day our system takes stronger hold upon public favor.

Medina and Lorain Society;

The semi-annual meeting of the Homœopathic Medical Society of Medina and Lorain counties was held in Rawsonville, June 12th, 1873; meeting called to order, Dr. C. F. Cushing in the chair; members present, Drs. C. F. Cushing, G. J. Jones, C. Arndt, M. P. Hayward and G. F. Peckham; visiting members, Drs. Sara B. Chase, C. J. Wolcott. Minutes read and approved. By recommendation of the censors, Drs. Sara B. Chase and C. J. Wolcott were duly elected members of the society.

Dr. G. J. Jones made a verbal report of the transactions of the state medical society at its last meeting in Columbus.

Dr. Arndt presented a written report on scarlatina, its symptoms and treatment in certain cases. An animated discussion ensued. Dr. Cushing argued that the disease could be carried from the sick room in the clothing of the physician or visitors and thereby communicated to others at a distance. Most of the members present thought that it could not be so communicated. Dr. Jones thought that many cases of scarlatina of late were complicated with cerebro-spinal meningitis, the opinion being indorsed by most of the members present. Dr. Arndt stated that apis mellifica, aconite and belladonna were the most successful remedies in his practice in scarlatina. Dr. Jones preferred kali bichromicum, belladonna, aconite and bryonia.

Drs. Chase, Hayward and Cushing, appointed a committee to draft resolutions on the death of the late Dr. S. G. Wilmot, reported the following:

Whereas since our last meeting we are called upon to record the death of our esteemed brother, Dr. S. G. Wilmot, therefore

Resolved that we feel bound to testify that by his gentle and affable demeanor, his skill, faithfulness, untiring industry and thorough qualifications as a physician he had endeared himself to a large circle of personal friends, and had secured the confidence of the community in which he lived.

Resolved that by his death the medical profession in this vicinity has lost an able and earnest representative, the town a distinguished and upright citizen and his family a genial and loved companion.

Resolved that a copy of these resolutions be published with the transactions of this meeting and also presented to the family of the deceased.

Dr. Chase presented a written report of her own disease (for years standing) which was very able and interesting.

Dr. Peckham reported a case of measles in his practice with a distinct eruption in the palms of the hands, with echymosis of the balls of the thumbs. Reported also the following case: Miss J. H., aged thirty-five years, nervo-bilious temperament; complexion dark, eyes and hair black; stature small; had neuralgia for two years of face, head and bowels principally; other parts affected more or less; pain sharp and shooting, comes on suddenly; bowels loose, as diarrhea; had dysentery one year ago which continued for two or three months. Gave belladonna 30th and nux vomica 30th alternately every four hours during the day. At the expiration of five days no improvement. Believing that belladonna was the remedy with or without the nux, I gave belladonna 40th, one dose, with instructions not to take anything else. No pain after first day, with a confused feeling in the head which continued one week. Two months later no return of symptoms; patient well.

Dr. Jones presented a written report on the importance of anatomy to the medical student. Dr. Cushing presented a report of a *post mortem* case, man past middle age, the lungs increased to one and a half times their natural size, hepatized, deposits of miliary tubercles and the bronchioles enlarged to double their normal size and filled with a hard, gritty substance supposed to be stone. The man had worked in a stone quarry some eighteen years previous to his death and had to discontinue work in the quarry on account of his health. Question—Was it stone consumption?

Notice was given that at the next meeting a resolution will be introduced to change the name of the society to Lorain county homœopathic medical society.

The next meeting will be held in Elyria on the second Thursday of October.

Our Aim.

We give the following suggestions from one of the ablest journalists and shall try to bring the standard of the REPORTER up to this point provided our readers will assist by sending us notes of their most interesting cases and other items fulfilling the following requirements:

"You edit a *medical* journal, not an original one, nor a translated one nor a semi-scientific one, nor a high dilution one, nor anything else but *medical and homœopathic therapeutics.*"

Errata.

In consequence of Dr. von Tagen not receiving in time a revised proof of his article on "Diphtheritic Conjunctivitis" some errors occur to which we wish to call attention. On page 218, fourth line from the bottom, the words "once daily" should follow the word "lids," and instead of "one gramme to aqua one ounce daily" read "one half grain to aqua one ounce." On page 219, thirteenth line, read "65°" for "55°." On page 220 the words "blepharitis marginalis" should appear in parenthesis after the sub-heading "ophthalmia tarsi." In the twentieth line, same page, after the word "had" the words "water on the brain consequent upon dental irritation" should substitute the rest of the sentence. On the 221st page read "sulphur 81 M." instead of "eighty-one minims." At the bottom of the same page add "At the time of this writing the case may be pronounced convalescent."

Special Notice.

Our attention has been called to the fact that an omission of one name has occurred in the list of matriculants of the homœopathic hospital college of Cleveland, that of Miss Kate M. Goss. With this name added the list numbers exactly one hundred, in point of numbers the second largest class of *any* homœopathic college for the session of 1872-73.

Personal.

Dr. A. L. Comstock, of Moss Run, Washington county, writes us that he is desirous of having a young man as partner in his practice.

H. F. Logee, M. D., a graduate of Western Homœopathic College, class of 1860, died April 30th, at Conneautville, Pennsylvania, in the thirty-seventh year of his age.

C. H. Wagoner, M. D., located at Spring Valley, Minnesota.

H. E. Beebe, M. D., at Sidney, Ohio.

A son of Dr. J. B. Massey, of Sandusky, Ohio, having successfully passed the competitive examination, has received an appointment as cadet at West Point.

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A RARE FORM OF FRACTURE.

BY C. H. VON TAGEN.

[Professor of Ophthalmology and Otology, Cleveland Homœopathic Hospital College.]

Mrs. M——, aged forty-two years, a resident of this city, fell forward, striking upon the palms of both hands; most of the resistance, however, was received upon the right hand, fracturing the radius at two distinct points—at the lower end an oblique fracture extending into the joint and known as Barton's fracture; the second point was some three inches above the wrist joint.

The limb presented the following described appearance: Patient was unable to supinate or turn the hand inward, in fact it was powerless. There was a prominent projection upon the dorsum of the wrist. Immediately above this prominence was a well marked depression which sloped off toward the ulna. The fingers were flexed. A slight projection was also present on the palmar aspect of the forearm. The joint presented all the appearance of a dislocation, but the presence of crepitus settled the question in favor of fracture. Extension and counter-extension as long as kept up effaced these marks but as soon as they were removed immediately the same condition was reproduced. Upon extending my examination further along the forearm I discovered an angular depression about three inches above the joint, the apex of the angle pointing toward the ulna, which upon being manipulated gave forth a sense of crepitus; further examination proved this to be a transverse fracture of the radius. After carefully adjusting the fragments and placing them in an extended position and placing the forearm midway between pronation and supination a Bond splint was applied to the palmar surface of the limb, reaching almost to the elbow. In addition to this and with a view to keeping the interosseous space free and the fragments of the upper fracture in line, I placed a grooved splint along the dorsal surface and then applied a roller bandage, commencing at the hand, and carried it on up to the elbow.

The limb was dressed semi-weekly for some six weeks. Passive motion was then commenced and kept up daily until the various motions of the limb were restored. The patient was then dismissed as cured. The special point of interest in this case is the fact of two fractures occurring in the same bone in close proximity to one another. I have never met with a case like the above described before during a professional experience of eighteen years.

SOAP AND LARD.

Their relative value in the toilet of the neonatus.

BY J. C. SANDERS, M. D.

Reflecting on the purposes of the unctuous coating called the caseusa, found on the skin of the child at birth, and on the many ills peculiar to early infantile life, the question has often been asked me whether or not the ordinary mode of washing the new born child could not be in some way improved.

After much discussion with mothers and nurses on this subject I have come to the following conclusion:

For eight and even nine months in the year in this cold climate, and every other climate of corresponding average temperature, lard, fresh and free from salt, is far better than soap for the general toilet of the first month. The reasons are obvious on a moment's reflection. Soap removes from the skin all its protecting oily secretion and renders it more delicate and more sensitive to irritation and cold. Lard, on the other hand, while it removes from the skin all its caseusa and therefore thoroughly cleans it, substitutes an unctuous protection and renders the skin soft, warm and therefore better protected both against irritation of friction and its own discharges and variations of temperature. Children thus treated suffer less in their toilet, rarely take cold, rarely snuffle with catarrh and rarely suffer from colic or cramp.

Of course the little faces of these little ones may be washed with soap, fragrant or otherwise, that they may be the more presentable at the mother's first greeting and caressments.

ON THE EARLY TOILET OF THE NEONATUS.

Innovations on old established practices in obstetric art or regimen are always received with serious question and doubt both by the profession and people. From long and careful observation I am satisfied that in the department of obstetricy, which relates to the new born child, there is great need of change both in opinion and practice.

The suggestions of this paper are simple, yet it may be true their importance is not unworthy of a place in the columns of the REPORTER.

Excepting in the occasional cases of very rapid labors the child is born in a condition of fatigue and shock not less than that of the mother.

Moreover, the delicate changes of the blood currents within the heart incident to the assumption of respiratory life are by no means instantaneously completed—but, on the contrary, require in many cases hours, in some days, in others weeks and months for their full accomplishment.

It is a rational deduction from these propositions that the neonatus has need of rest and quiet equally with and sometimes more than the mother.

To commit, therefore, the new born immediately on or soon after separation from the mother to the manipulations of the toilet, always hurried and sometimes nude, is a clear violation of plain common sense and, more, of uneducated judgment.

How opposed to all rational ideas of duty and practice toward all other subjects of violent muscular and nervous pressure and tension. For the mother we very prudently counsel quiet and even absolute rest for hours and defer the putting her to bed, so called, until surely she has recovered somewhat from the shock and fatigue of her ordeal of struggle and excitement; for any bruised limb or part we always advise rest and in cases of brain or other visceral succession or injury we hesitate not to suggest scrupulous care as to quiet, but the neonatus, which has been hours, even to days, under the body lashings of severe violent uterine contractions and whose brain has been compressed even to distortion for a corresponding length of time by the resistance of the circle of the os and the passages and whose heart at the first breath of respiratory life enters on the delicate and important and wonderful changes of blood currents on whose prompt and sure accomplishment its safety and well being depend, is generally immediately or soon condemned to the gymnastics of the washing and dressing process.

It is time corrected views were entertained on this important though simple subject and a more rational practice adopted and enforced.

SCARLATINA.

BY G. J. JONES, M. D., RAWSONVILLE, O.

Scarlatina is by the majority of the profession considered a contagious disease but some of our best practitioners entertain a different opinion. As bearing upon this subject I will relate what I have seen.

In June, 1869, while I was practicing at Liverpool, O., Miss E. E——, a young lady, had scarlet fever in a severe form. I attended her and there was no possibility of my being mistaken in my diagnosis.

There had not been a case of the disease in our vicinity for several years and she did not know that she had been exposed to it. Her sister was with her much of the time she was sick and many others were in her room before the eruption came out. This sister did not take the disease nor was there another case of it within several miles of our place until January, 1870, when a little child of Mr. A. Miller, living half a mile west of Liverpool, was taken with the same disease. This was as clear and unmistakable a case of scarlatina as the other, having the eruption fully developed, the angina and all the other symptoms which mark a well developed case. The child had not been out of the house for several weeks and the family knew of no way in which it could have taken the disease from others. There were three other children in the family who never had the disease but they did not take it and this was the only case of the kind I saw or heard of for many months.

In the month of November, 1871, I was called to visit a young man, the eldest of a family of five children, living three and a half miles from Rawsonville, my present place of residence. This proved to be a case of scarlatina without any eruption. About this time there occurred two cases in our village, one in each of two families which never associated with each other, and not one of these three cases had seen either of the other two for several weeks. In a few days one or two other cases came down in the family first spoken of and the five children with the parents had the disease in six or seven weeks.

A family living almost directly opposite consisted of the two parents and three children. The oldest boy in this family was the only one of the children who for several days had been into the other house before the disease had become known and none of them had visited there since. But instead of his getting the disease first, his younger brother came down with it about three weeks after its first appearance in the other house. This was on Monday and the next Monday he was taken with it and the Monday of the next week the sister came down.

I treated altogether about sixty cases in four months but hardly had more than two families on my hands at one time. The disease after going through one family would leave that neighborhood and break out in a family in another neighborhood or part of the village. My family had about the last cases which I treated, which fact rather contradicts the idea of carrying the disease in one's clothing.

From the above experience I am led to the following conclusions:

1. In certain seasons sporadic cases of scarlatina occur, when there is not that condition of the atmosphere to develop and propagate the disease there is at other times.

2. When one case occurs it generally attacks every other member of the family who has not had it.

3. When the disease prevails as an epidemic children who live in a neighborhood where cases are occurring are almost if not quite as likely to take it when not directly exposed as when they are.

4. The period of incubation is very uncertain, I should say from seven to fourteen days.

No one of the adults whom I treated had any eruption but all had the characteristic angina and fever, though they were not as sick as the children generally were. None of the cases which were under treatment from the first appearance of the disease suffered from any of the sequelæ, so common, but a few who had the disease so lightly at first as, in their parents' judgment, not to require any treatment were under my treatment for some time after the primary fever had passed away. One such case had laryngitis, one or two dropsy and several had otorrhea.

The remedies used in this epidemic were mainly aconite, belladonna and kali bichromicum. The last two were my favorite remedies. Each of these was used in the 200th attenuation, a few pellets dissolved in water, and given never oftener than once in two hours. In the cases where *belladonna* proved most useful there was an intense heat of the skin, rapid and full pulse, with either contraction or dilatation of the pupils and a general drowsy condition. When such a condition existed I always found my little patient better the next day after prescribing belladonna. The skin in these cases was much smoother after the eruption came out than in others.

In the cases which called for *kali bichromicum* there was more restlessness, more redness and ulceration of the fauces with sometimes profuse expectoration of a tenacious substance. The eruption was not as general nor was the skin as intensely hot as in the belladonna cases.

I wish especially to call attention to this remedy, which I consider one of our very best remedies in the treatment of this to many fond mothers fearful disease.

Aconite was used only in the early stage of the disease, when there was great restlessness, slight chilliness at times, thirst for small quantities and rapid pulse, which, however, was not as full as in the cases in which belladonna was prescribed. It was used in either the 30th or the 200th potency, never lower.

The case of laryngitis presented the following symptoms: almost constant fever but aggravated in the evening and at night, a very severe barking cough, worse early in the morning and also worse when lying down, for the first hour either day or night great hoarseness; he had not spoken a loud word for three weeks. *Drosera* 30th cured this case completely.

Sulphur in a high attenuation was given with benefit to a family which had an eruption come out a second time after the fever was gone.

Mercurius vivus was given in one case where there was profuse sweating during the fever ; this it relieved and improved the patient generally.

I must not forget that in a few cases where the eruption was tardy in making its appearance, or was partially suppressed after it appeared, producing prostration, faintness on rising, weak pulse, with desire to be quiet, indeed the patient was too weak to move, bryonia removed these symptoms and brought out the eruption. I have prescribed *bryonia* in a case of small pox where such a state of things existed, with the same satisfactory result.

I have no death to record yet in my practice from scarlatina but for fear that some may think the epidemic which I speak of a very light one I will mention the fact that an allopathic competitor lost two cases in one family, which were the only cases treated by him, to my knowledge.

In regard to the prophylactic powers of belladonna I cannot say that I have arrived at such satisfactory conclusions as some others but I know that in families where most of the cases required belladonna those who took it previous to their coming down had less fever than those who did not and those cases were generally lighter in every respect. I found the same beneficial results from prescribing kali bichromicum in families where this remedy was mostly required but I cannot say that I would not have accomplished as much with these remedies if I had the privilege of prescribing when the first symptoms presented. I think early treatment saved several lives in this epidemic.

I would prohibit if possible the crowding of several patients into one room, indeed one patient to a room is always quite enough, but how often are we obliged to treat from three to six patients in one room, which is at the same time kitchen, sitting room and dining room. I would also strongly object to hot drinks and a hotter room, with perhaps (if the family is German) an extra feather bed over the patient. Cool water in small quantities, with occasional sponging of the hot skin, will assist much in modifying the fever. Free ventilation, if it can be accomplished without exposing the patient to a draft of air, is much to be desired. There should be no bundling up of the neck as it does more harm than good.

As you have doubtless observed, I gave but one remedy at a time and not lower than the 30th attenuation. I am satisfied that this is the best way. I would most positively object to the very frequent repetition of a remedy, two hours being often enough in any case.

ADDENDUM.

This paper was written before the meeting of the state society, since which time I have treated several cases of scarlatina and as I was treating some severe cases at the time of the meeting I was allowed to report the result of treatment in those cases.

On Thursday, May 1st, I was sent for to see Mary M——, aged fourteen years, who was said to be very sick with a fever. As the father reported a few of her symptoms, I asked if he did not think she had scarlet fever. "O, no," said he, "she had that disease when she was only six weeks old, at the time our eldest daughter was sick with it." As I was obliged to ride in another direction, by my request my partner, Dr. C. J. Wolcott, visited her. The doctor reported that he thought it a case of malignant scarlatina. I visited her with Dr. Wolcott the next morning and found her suffering with the following symptoms : general restlessness with occasional delirium ; very severe headache with throbbing carotids ; pupils contracted, eyes very sensitive to light ; mouth and throat very dry and red ; tongue coated white, with red points sticking up through the coating ; intense thirst, with pain on swallowing ; vomiting and diarrhea since she was taken, passages watery and quite frequent ; skin very hot, dry and of a dark red color, especially on the chest ; pulse 160 and very full.

The family still doubted the correctness of Dr. Wolcott's diagnosis but I told them it mattered not if she had previously had the disease a hundred times, it was unmistakably a case of scarlatina. She continued to grow worse for four days. On the fifth day there was constant muttering delirium, grasping at flocks, picking at the bed clothes, great thirst but could hardly swallow anything as her throat was so swollen, pupils were now dilated and almost insensible to light, lips black and cracked, skin becoming dry and harsh, especially about the neck. This was her worst day but for a week it seemed doubtful whether she would recover. Her right ear became very much inflamed and suppurated extensively and all her finger and toe nails came off.

On Monday, May 5th, Perly, aged five years, and Alice, aged twelve years, were taken and on the Wednesday following Anna, aged two years, came down. In the two youngest the disease seemed to attack the brain at once and each died on the fifth day of the disease. Alice lived twelve days. She presented nearly the same symptoms as Mary but there was more constant delirium and for three days she lay on her right side with her head drawn far back and although unconscious she would return immediately to this position if placed upon her back or left side. Her pulse was scarcely ever lower than 160 and her skin showed extensive signs of desquamation on the sixth and seventh days of her sickness. For the twelve hours before death her left leg was in constant motion and her arms were firmly flexed, there being a constant moving of the fingers. A *post mortem* examination showed signs of extensive inflammation of the brain and its membranes, especially at the base.

Johnny, aged seven years, the fourth one taken, had this disease in a milder form, his pulse never running higher than 130 and there was but slight delirium.

We treated three cases in a family living directly opposite who, though quite sick, showed no signs of cerebral disturbance. Two or three other cases have occurred since in the neighborhood but presenting no unusual symptoms. The remedies used were about the same as those before spoken of with the exception of arum triphyllum, which was given to Mary with evidently good effect just previous to the commencement of the stage of desquamation. Silicea cured her otitis. Santonine was given with good results in the boy's case for a secondary fever which came on. In the three fatal cases no remedy, however much indicated, seemed to be of any benefit. The question arises Would some other remedy have helped them? or was the system completely overpowered by the poison of the disease at the very onset? I am inclined to believe the latter. At any rate the management of a few such cases will be very likely to take the conceit out of any physician.

A number of physicians with whom I have conversed think that a patient can have cerebro-spinal-meningitis or spotted fever and scarlet fever at the same time, or that while the two diseases are prevailing in the same locality a patient suffering from scarlatina may have many of the symptoms which are usually present in a case of spotted fever. I am of this opinion myelf, and I think the history of these cases illustrate this fact.

CHOLERA—WHAT PRODUCES IT—HOW TO COMBAT IT.

The following communication, author unknown, but from what we can learn a member of the medical profession, we do not hesitate to pronounce the most practical, valuable as well as common sense view of the question yet propounded and the writer a man of unquestioned observation, whoever he may be. Entirely unlike the sage (?) men of Gotham who some years ago met in conclave and ordered the cholera to be fenced in to prevent it spreading nor yet like more of the same ilk who more recently in our own city after much thought and a great waste of brain (?) tissue and windy words, resolved—what? a lot of twaddle. One instance will serve as an illustration.

"Resolved that, whatever the cause of cholera is, it produces a prodrome and this precedes the attack."

THE LETTER.

To the Editors of the *Evening Post:*

From careful inquiries about or personal observations in some of the most heavily stricken towns, such as Murfreesboro', Nashville, Gallatin, Bowling Green, Franklin, Evansville, etc., etc., the cheering assurance has been arrived at that a residence in the cleanest and best portions of these cities has all along been almost as safe as if the cholera were one hundred miles distant. In Murfreesboro' all the upper and cleanest portions were almost absolutely free from the cholera, which nearly decimated the low-lying portion, which received the sewage and filth from above and hence had contaminated water.

In Nashville the best business and residence portions escaped almost wholly, while along the foul streams called Lick run and Wilson's Spring run and others which almost encircle the suburbs of the city nearly one thousand two hundred deaths occurred.

At Gallatin the disease was imported from Nashville, from five thousand to ten thousand of whose citizens fled from their homes in a panic to die in Gallatin hotels and elsewhere.

At Bowling Green, although the first three cases were imported—one from Memphis, the second from Nashville and the third from Evansville—all the upper and cleaner parts of the town remained almost entirely free from cholera, while the low lying part, which received the drainage of a filthy little stream, had a fearful outbreak.

At Franklin, although a far cleaner and pleasanter town, the best blood of

Kentucky fell victims in far greater numbers than the blacks, from preventable causes, which will soon be more fully unraveled.

At Evansville the first case was put off from a steamboat from New Orleans; the next two or three cases were also imported; and although about sixty cases followed a physician in active practice in the best part of the town had not seen a case up to July 11.

The same has held true of New York in the great epidemics of 1849, '54, '66 and will hold true in the apparently coming one of 1873 or '74.

New Orleans, which was thoroughly clean and disinfected this year, had but 141 deaths from imported Asiatic cholera and only 91 from cholera morbus.

Mobile and Louisville escaped in the great epidemic of 1832, '48, '54, '66, and also this year; broad and well ventilated streets, sandy soil and good drinking water have possibly saved them.

Memphis, which has its new Potter's Field quite near one of its water supplies, has suffered heavily. Greenville, Tennessee, which carted an enormous mass of filth up the hill, had it washed down by heavy rains into its springs and drinking water and paid a terrible penalty.

There are many reasons for the belief that the use of water which has been thoroughly boiled will prevent all these water accidents. Washerwomen who use cool or tepid water have died at the rate of thirty-five per cent. while those who only used absolutely hot water have generally escaped.

There are many facts which seem to prove that the rather free but not immoderate use of the natural disinfectants, viz: vinegar and salt, will go far toward securing immunity from cholera.

Thorough disinfection of all the discharges from the stomach, bowels and kidneys of cholera patients and of their bed and bed clothing, towels, carpets, etc., will generally limit the disease to individual cases.

Cleanliness and disinfection of sick rooms and thorough care of their hands will generally secure the nurses and attendants from all danger.

Cholera still keeps a long and relentless hold upon some southern and western towns from the neglect of these simple precautions; and it may reach great proportions unless stayed by the goodness of Providence or the well known capriciousness of the cholera. J. C. P.

PELVIC CELLULITIS.

Among our exchanges of the past month comes one freighted with much that is practical and useful to the every day general practitioner. The title of the work is "Columbia Hospital Reports" with appendix by J. Harry Thompson, A. M., M. D., Washington, D. C., professor of gynæcology. It is a volume of four hundred and twenty pages, containing seventeen fine, large wood cuts illustrating uterine prolapses, vesico-vaginal, vacto-vaginal and perineal rupture.

The contents of the work betoken the presence of a master spirit and the general get up of the work is in keeping with the great importance of the subject together with the dignity and vastness of this great government of ours, for be it known to the reader that the work is a product of the extensive government bindery at Washington, D. C. This article is intended to serve a twofold purpose. First, to call the attention of the profession to this admirable production of medical literature. Second, to transpose for the benefit of the practitioner of medicine the chapter, brief though it is, on pelvic cellulitis. The fact is beyond question that there is in the profession (entire) a most woful amount of ignorance on this subject, due in a great measure to the almost entire absence of anything theoretical or practical from the medical text books of the day. T. Gaillard Thomas' work is probably the best of the day on the subject. In times gone by, it would be no exaggeration to assert that hundreds, aye thousands of women have sunk into quiet graves with this malady under the supposition that some other affection (possibly peritonitis) had carried them there.

How many practicing physicians in the land can to-day recognize or recite the symptoms of pelvic cellulitis? Now let me ask the question How many can treat the malady successfully while unable to thus recognize in the early stage this most fatal sequence of the lying-in chamber? As we can add but sparingly to the subject we prefer to quote the author's description. In

1844 Marechal de Calvi published in France a monograph on "Intrapelvic Phlegmonous Abscesses," which was one of the first modern accounts of this disease. It contained a faithful description of its symptoms, pathology and treatment. This paper was criticised at length in the Medico-Chirurgical Review and the reviewer took especial pains to ridicule the study of ancient authors on medical subjects and to sneer at the knowledge or supposed knowledge possessed by the early physicians of the science of medicine.

So far as this particular malady is concerned the remarks are unmerited. Aetius, Paulus, Ægineta, Archigenes and Haly Abbas describe the symptoms, pathology and treatment of the disease fully under the head of "Abscess of the Uterus." The first and second named authors after reciting the ordinary symptoms preceding the suppurative stage go on to remark that when the inflammation runs sufficiently high to form an abscess we have the pain intensified, accompanied with irregular attacks of rigor, followed by intense fever and sweats, obstruction of the urine and feces from pressure upon the bladder and rectum by the affected parts. Sometimes, they remark, there is swelling in the region of the pubes, which gives a sense of fluctuation upon palpation. They direct the promotion of suppuration by cataplasms of various herbs and the use of the hot bath, suppositories of various narcotics to allay the pain and the direction of steam into the vagina to induce the matter to point into that passage.

They advise the delay in lancing until the inflammation is arrested, as new abscesses might otherwise form and more than one opening would then have to be made. They also speak of the pus being frequently evacuated into the rectum, ulceration having taken place through the walls of the intestines.

We have made but little advance, if any, on their treatment of this disease. Their description of its symptoms is equally clear as that given by modern authors.

After citing one case we will draw this matter to a close. The cause in this instance was an attempt to dilate the cervical canal by means of a sponge tent.

Great caution should be exercised by members of the medical profession, particularly the younger ones, against the indiscriminate use of uterine tents, as they are capable of producing intense mischief. When employed they must be closely watched and, as a matter of precaution when it becomes necessary to dilate the internal os, its fibers should be previously divided with a proper instrument.

Mrs. S. A—, aged twenty four; admitted March 26th, 1866; mother of two children, the younger of whom was fourteen months old. Her health had always been good, her labors (confinement) easy and convalescence rapid. She weaned the baby when it was eleven months old. In February, believing herself to be pregnant again, she sought the assistance of a professional abortionist, with the view of getting rid of the child, who introduced a sponge tent into the cervical canal and then ordered her to return the next day. The following morning February, 17th, she was suffering too severely to leave her home and her husband, who was not aware of what she had done the day before, sent for me. I found her with a rapid pulse, hot skin and furred tongue, complaining of intense pain in the region of the womb and back, headache and nausea. She objected to a vaginal examination. I ordered a full dose of opium, with five drops of Fleming's tincture (aconite) and a hop poultice to be ap-applied over the abdomen.

In the evening finding no improvement I insisted upon an examination, which, with much apparent reluctance, was granted. The vagina was hot and tender and the pressure of the tent was readily detected by the touch and characteristic odor. With some difficulty I obtained from the patient the history of the case as given above. The removal of the tent was followed by a gush of blood, but no fetus or membranes appeared. The opium and aconite were ordered to be repeated every four hours during the night.

Feb. 18. Several large clots had passed during the night but her husband having thrown them away I was unable to learn their character. Pulse was 126; respiration hurried; temperature 103 and great tenderness over the whole abdomen. On the

21st of February patient directed attention to a tumor a little to left of the median line, regular in outline and as hard as a stone. Its character was at once recognized. There followed repeated exacerbations of pain, frequent rigors, followed by fever and copious sweat. The tumor increased in size and extended into the left iliac fossa. Uterus was fixed and pushed over to right side and the wall of the upper part of the vagina was hard and tense. There was little uneasiness in the abdomen, the principal seat of pain being in the left gluteal region, patient became emaciated and her general appearance indicated the existence of long continued and severe suffering.

Late in March the patient had several copious discharges from the bowels looking, as the nurse said, like pus. Examination failed to discover the tumor, it had emptied itself into the bowel. The patient now took a rapid downward tendency. For a period of two weeks her pulse indicated 136. Tongue dry and dark, lips and cheeks were covered with apthae, colliquative sweats and diarrhea ensued. Her stomach, however, bore nourishment well. The discharge of pus per rectum diminished, diarrhea was controlled. The pain in the hip continued and there was decided tumefaction declaring itself above the joint, which increased in size daily; palpation discovered the presence of pus. The swelling was punctured with a good sized trocar and thirteen ounces of pus was drawn off. At the expiration of three weeks from the date of latter opening, the discharge continuing in quantity and very offensive, it was decided to enlarge the opening and apply nitrate of silver to the whole secreting surface. This was done and upon passing the fingers into the cavity it was found to contain masses of gangrenous tissue. These were removed and the cavity was well washed out with Labaraque's solution; compresses were applied to coaptate the secreting surfaces. Convalescence progressed slowly and it was not until the latter part of November following that the patient was sufficiently recovered to leave the hospital.

What was the cause of this secondary abscess? The theory is absorption of pus as pus and its conveyance into blood, but this has few adherents. It was not thrombi arising in any of the veins of the pelvis, for in that case the detached portion of the thrombus would have been arrested at one of the bifurcations of the pulmonary artery and embolism with inflammation and gangrene of the lungs resulted.

The writer then goes on to state that the following hypothesis appears to his mind the most acceptable : The pressure upon the posterior branch of the internal iliac artery produced by the infiltration of the cellular issue was sufficiently great to obliterate the cavity of the vessel and thus permit the formation of a plug or clot. When the pressure was removed the current of blood forced the embolus onward until it was arrested at the bifurcation of the deep branch of the gluteal artery. The supply of blood to the part beyond the obturated vessel having been cut off inflammation with infiltration of blood into the tissues resulted, terminating in gangrene.

C. H. V.

GENESIS OF PHYSIOLOGICAL VACCINATION.

Proposed by Sir A. von Kaczkowski, M. D., and carried into practice by Sir Isydor von Czajkowski by physiological provings on sheep, 1862-70.

TRANSLATED FOR THE REPORTER BY J. PETTET, A. M., M. D., CLEVELAND, O.

While the real worth of the Jennerian vaccine was being hotly debated in the London association of physicians, the advice and statistical data of the learned societies of Vienna, Berlin and Parisian physicians being taken into account, I wrote upon this question (A. D. 1858) a dissertation in the Polish language entitled "Preventive and curative means against small pox," which was published as a supplement to the *Weekly Literary Magazine.* The reading public, beside many a physician, in reading this, shrugged the shoulders and said "That is a fantastical proposition." Generally we judge after this manner of things which we cannot at first comprehend or if we are not willing to investigate the truth by way of physiological provings. In spite of this I determined repeatedly to submit the relative facts to conscientious philosophers and physicians in the hope that either the one or the other would consider this highly important matter and be disposed to investigate.

I was for a long time engaged in cow pox vaccination at the time of my allopathic practice at Hernats, near Vienna, subsequent to 1836. In the public hospital in Vienna as surgical assistant for four years I had the opportunity to investigate this disease, and finally at the time of my scientific journey to Germany, Belgium, France and England I collected above all remarkable data upon the vaccinating with cow pox, as also upon inoculation. Therefore in 1842 I determined to use the true pox only (not from one arm to another), for I was convinced that only in this way could I avoid the unhappy and not very rare accident of inoculating unhealthy humors.

In 1850 I espoused homœopathy and discontinued common vaccination; instead I inwardly gave cow pox lymph in the sixth dilution three mornings on an empty stomach, two drops on sugar. This preventive succeeded so far as to protect from small pox. When any one had the small pox I gave this remedy—very seldom arsenicum or thuja—and the cure progressed rapidly and mildly beyond expectation, of which no example had occurred in my practice of allopathy. Finally, I must mention that I did not vaccinate my son, born in October, 1853. but only gave him in the spring of 1855 the sixth dilution of cow pox lymph, and with the best results. And notwithstanding the epidemic which prevailed in Vienna in 1855-6, and also my emigrating to Lemberg, with the climatic changes and prevailing epidemic of small pox and scarlet fever in 1867-8, the child remained protected from the small pox.

I collected several such singular circumstances in private practice in order in time to bring it into general knowledge and from this experience I advise every one against the customary vaccination who holds the life and health of his children dear to him, for he possesses at all times a sure preventive against the natural pox and in case it breaks out unexpectedly he will find in the same a most powerful means of cure.

In the year 1857 in Lemberg, I made the acquaintance of several distinguished colleagues with whom I immediately formed a private homœopathic association. We met every fourteen days to advise with each other in common over the weightiest matters of our calling and for the purpose of reciprocal communication of those new things which improvement and science bring with them. At the same time we determined to invite all homœopaths practicing in Galicia to join us. In December, 1857, in the village of Strzeliska I met the late L. Karszniewicz, at the time established there, who related to me, among other happy cures by means of homœopathy, some where allopathic physicians had already given up every hope of recovery, as also in regard to the epidemic prevailing in that locality in 1856, where patients afflicted with small pox generally died when treated allopathically, or after tedious convalescence scarcely regained their former health, while in the vicinity those treated homœopathically by Karszniewicz rapidly recovered without crises or tedious convalescence.

At the time of this epidemic Karszniewicz gave potentized vaccininum as prophylactic to the unvaccinated children and later allowed them to associate with those sick with small pox and still it never happened that such a child contracted the small pox. This shows that vaccininum taken inwardly serves as a prophylactic remedy. And it so happened that Karszniewicz here and I in Vienna, and without knowing each other, had formed the same conclusion and followed the same principles and had the same results. And beside all this it happened that I received an article in the Posener weekly, "*Industrie und Natur,*" [No. 39, 1857,] with the heading "Curative means against small pox" taken from the official American journal *Union of Washington,* and which I here quote:

"The United States consul at Rio Grande do Sul, Brazil, sent to the department of the United States a writing of Dr. R. Landell, living in Porto Allegre (in Brazil in the Province of San Petro do Sul), with the explanation of the discovery made of a cure for small pox. Dr. Landell first had an opportunity in 1837 to make observations upon small pox but at the time of the epidemic in 1842 he first used the remedy mentioned below. Since that time the wished for results were obtained by him and by his son, Dr. John Landell. The secretary of state, General Cass, had his remedy for small pox published in all medical journals so that the learned might be able to judge of the whole hypothesis and theory as well as of all the observations.

"Dr. Landell took, in prepared glass bottles, the common cow pox lymph, one drop to an ounce of water, and gave one tablespoonful every two to three hours."

The results of this specific remedy, according to Dr. R. Landell, are a notable lessening of threatening symptoms, mitigation of the nature of the pox, diminution of the fever, of the delirium, of the heat, of the diarrhœa and of the inflammation of the lungs. This remedy keeps back the inflammation of the brain and renders all the associate symptoms of the disease mild.

At the beginning of the cure, on the second or third day, the usual pocks changed into a kind of varicella or varioloid and although the epidermis is thickened and inflamed still they dry up in five days. On the fourth or fifth day of the eruption by taking the medicine the pocks seem to change into a kind of vaccine vesicle and pass through all their stages in ten days. Dr. R. Landell opens the pustules two and in some cases three times. In the year 1842 he treated thirty patients, eleven of them very severe, and lost none. We must add that Dr. Landell used clysters along with this remedy ; for catharsis he used oleum ricini, solutions of lunar caustic and chloride of lime for gargle, and in addition to this after five days he sponged off the body with water prepared with chloride of lime. Finally Dr. Landell used vaccine diluted in the above way with good results in whooping cough and convulsions.

Now that I had (1) the results given by several experiments and from the practice of my colleague Karszniewicz, (2) the pamphlet "Vaccination altogether useless and injurious, from statistical tables of the most renowned authorities, etc., etc.," by Dr. Arthur Lutze of Coethen, 1857, (3) the pamphlet "Compulsory vaccination and the protest of the inhabitants of Wurtemberg against Jenner's virus and charm to the Wurtemberg association" in September, 1858, (4) that of the learned English society of physicians of collected statistical data of all authorities, presented by C. G. G. Nittinger, doctor of medicine, surgery and obstetrics, practical physician in Stuttgart, published in Leipzig, 1858, (5) that in the Posener weekly from the official organ *Union of Washington*, an article, "*Industrie und Natur*," I determined to bring up this most important subject of the benefit bestowed by my esteemed colleague during our private meeting and ascertain the private opinions and experiences of the members upon this question.

The first who spoke was Dr. Adolphus Seydl, regiment physician. He called our attention especially to the point that as military physician the previous winter (1857-8), at the time the epidemic was prevailing in Lemberg, he had under his care in the military hospital one thousand and several hundred small pox patients, among whom was a very small number of unvaccinated. His experience was that by preserving a moderate temperature in the wards, by ventilation several times a day and by using a weak decoction of marsh mallow (althæa) the pocks were cured rapidly enough. Where the vital forces began immediately to sink, where the pocks became black and putrescence set in Dr. Seydl ordered bathing with wine vinegar diluted one half with water. Inwardly he gave the patient an ordinary amount of light table wine and very sick ones very often recovered under such treatment. Dr. Seydl called attention to the points that the usual vaccination (*a*) did not protect against the natural pox, that of several hundred the greater number had been vaccinated, (*b*) that a careless vaccination not only causes the inoculation of foreign unhealthy humors but also very often makes latent hereditary diseases appear. Lastly, Dr. Seydl thought that he could not employ the homœopathic method of cure in the large military institution mentioned because homœopathy is not recognized in military hospitals.

After him Dr. Gustav Schreter gave an account of the most severe cases of small pox in his twenty-eight years of practice.

To his small pox patients he gave potentized vaccine with the best results. He used the ordinary mode of vaccination in his practice, yet for the destruction of the oft concealed disease germ he gave potentized sulphur to the child and mother or wet-nurse for some time before the vaccination. By this he prevented swelling of the cervical glands or any other bad results. Dr. Schreter supported his experience from the writings of our master, Hahnemann (See Archiv fur Homœopathie, Drs. Stapf & Gross, 1848, Volume III, No. 8, page 105).

Finally, Drs. Bakody and Dobrowski gave cases from their practice. They in Lemberg, especially in the winter of 1857-8, during the epidemic, gave their patients potentized cow pox lymph with the best results.

The final conclusion of our discussion was:

(*a*) That vaccination from arm to arm as also by means of the cow pox lymyh is not a sure protection against small pox, as statistical evidence at the time of the prevailing epidemic proves, inasmuch as of those affected with small pox by far the larger part belonged to the number of the vaccinated and not to the unvaccinated. Therefore vaccination cannot be considered an absolute protection against small pox.

(*b*) That in spite of the utmost care on the part of the physician, foreign hurtful humors, itch, tetter, scrofula and even syphilis can be conveyed to other children by vaccination; and that even disease germs concealed in the organism may be fostered and in this way the health and life of the child placed in jeopardy.

(*c*) That the preceding administration of potentized sulphur against the hurtful influence of the psoric taint renders the succeeding vaccination less injurious.

(*d*) That the homœopathic vaccination recommended by me by means of potentized cow pox lymph for persons who had not yet been vaccinated, together with a preparatory administration of potentized sulphur according to the fundamental principle of homœopathy ("*similia similibus curantur*"), affords the most salutary preventive against small pox.

Seeing that this new preventive against small pox is not yet generally and physiologically investigated in all countries we resolved to subject the following propositions to the wise judgment and learned investigation of physicians and physiologists by open publication.

In order that our learned colleagues might give the cow pox lymph inwardly to persons as yet unvaccinated as a protection against small pox, for the establishing of the facts mentioned by us above in reference to potentizing in the accompanying manner, therefore we resolved as follows:

The Manner of Administering Cow Pox Lymph Inwardly.

In order to nullify the psoric taint, if a small pox epidemic does not demand the earlier administration of the prophylactic first give the child and mother or wet-nurse potentized sulphur three mornings on an empty stomach. Allow it to act at least fourteen days and then give the cow pox lymph in the sixth attenuation three mornings on an empty stomach, always one drop in water or sugar of milk or pills.

The results of this management are various. In some children an excitement of the circulation on the sixth, seventh or eighth day or during the night, others have a kind of efflorescence of the skin, others again have their whole body covered with little pimples the size of poppy or lentil seeds. This is an inflammatory condition of the epidermis which appears from five to seven days after the exhibition of the lymph and ends in the scaling off of the epidermis. The above mentioned red spots on the skin furnish the best proof that the means employed have been effective and within ten years it has not happened to me that any child vaccinated thus dynamically has caught the small pox or other disease, as so often happens to those vaccinated by the ordinary method.

In consequence of this proposition a twofold question proposes itself:

(*a*) Whether the common vaccination would take on a child thus physiologically vaccinated.

(*b*) Whether one dynamic vaccination protects forever from small pox or any other pock eruption, as variola modificata, varioloid or varicella.

Neither of these questions can be answered with certainty because up to the present it has been impossible to undertake so many physiological provings, for this requires several co-laborers and a longer time; only this much can be affirmed with certainty, that the inward administration of the cow pox according to the above method protects from the small pox contagion—as is plainly proved by the experience of L. Karszniewicz during the epidemic that prevailed in the Brzezaner district, since the administration of the lymph to unvaccinated children protected them from the contagion and they played with those who were lying sick with the small pox and yet did not take the disease. In the further course of time similar cases often presented themselves.

In my practice it happened that a mother, who had been vaccinated, contracted the small pox, but her three children were unvaccinated. I gave them cow pox lymph inwardly and they became protected from the small pox.

It is asked that for the present these two questions be left open and that meanwhile the vaccination by inward administration be taken in hand according to the instructions given, all these subjects and relative facts most zealously and carefully collected and brought to common knowledge. Such works will surely exercise a salutary influence upon medical knowledge and through it supply suffering humanity with a relief.

Our second proposition really concerns our respected allopathic brethren, relative to the above named article of Dr. R. Landell. His dissertation upon this matter should so much more attract the common investigation of allopathic physicians because he, faithful to the allopathic principles, not only gave the common cow pox lymph which he, as stated, dissolved in prepared glass vials in the original form of one drop in an ounce of pure water and gave it inwardly with the best results, but at the same time made use of other remedies customary in allopathy.

This treatment of small pox with cow pox lymph is altogether unknown in allopathy; in the severe cases allopathy is altogether deficient in suitable remedies, especially if the organs of deglutition and respiration are so swollen that the patient can scarcely swallow water drop by drop. In order to be able to judge of the merits of the article above quoted from Dr. R. Landell I determined to test it by physiological provings. In the year 1859 the opportunity occurred in the case of two individuals who had been vaccinated and immediately taken the small pox.

Angelika H—, blonde, aged seventeen years, sanguine temperament, born of healthy parents, suckled by the mother, menstruated naturally, until the present had never had any sickness, in June 1859 took sick with small pox.

I was straightway called to the patient, on whom the pocks had already appeared ; the fever had already risen to its highest grade. Here then was a notable necessity to subdue the disturbance of the circulation, for which I gave one dose of aconite. In the course of twelve hours the pulse fell from 120 to 99 beats per minute, the pocks came out thickly upon the skin with severe inflammation of the whole surface, especially around the eyes and neck. At this time I dissolved three drops of cow pox lymph in three ounces of fresh, cold water. Of this solution I told the patient to take a coffeespoonful every two hours. In the course of twenty-four hours the fever heat and the inflammatory swelling of the skin was lessened, the pocks, bloated with lymph, withered and in the course of twenty-four hours more began to grow pale and to shrink up, the pain in the eyes, head, and neck abated, the appetite improved; on the thirteenth day the pocks began to dry up. I ordered the dried crusts to be moistened with warm oil and then peeled off. In this way the skin was cleansed until the the sixteenth day of the disease, the crusts left no pockmarks behind, on the twentieth day of the treatment the patient went out into the fresh air and remains well up to the present time, without any trace of the disease.

W. H—, aged twelve years, brother of the above mentioned patient, suckled by a wet-nurse, was vaccinated at the breast, had milk crust, the head being so broken out he remained till then a stunted, homely, scald-head.

This boy was taken sick with the small pox a couple of days later; although on the first day of his sister's sickness I had given him as a preventive the potentized cow pox lymph, still had not been able to prevent the disease. Probably the poison had already pervaded the organism and nature would free itself from the corrupted humors by ejecting the same upon the skin. While the first period of the sickness was passing under my care I concerned myself only to restore the circulation with aconite and on the third day there appeared red vesicles on the face and chest. After the use of aconite the pocks appeared upon the whole of the skin. Then I determined to give as a specific remedy the sixth potency of the cow pox lymph, two pills dry and to dissolve six pills in six spoonfuls of water and have a spoonful of this given every two hours. Three such doses were sufficient for the desired object. Immediately after the first dose the pustules, swollen with lymph, softened, the very red and swollen skin became pale, pain in the eyes and neck lessened very much. After the third dose brown crusts appeared and from now on it followed the same course as the former case. In the course of eighteen days the boy left the bed, which consisted of a mattrass, a horse hair pillow and a single coverlet. For nourishment he used milk and the customary soup, for drink, clear water. In fine weather the window of the adjoining room was kept open all day, only taking care against any draught. After the lapse of twenty days he went into the fresh air clean and sound in the whole body.

These two cases of small pox, the first according to the declaration of Dr. R. Landell, *i. e.* with cow pox lymph used as an element, the second treated with an attenuation, show clearly that the remedy calls forth the same certain results by virtue of its specific relation to the the disease. In this way the principle of the homœopathic mode of cure based upon physiological experience shows clearly that not the quantity but the quality in the specific relation of the remedy displays the value of the medicine. Homœopathy can use a remedy according to the circumstances and relations of the sick and their individuality, even in the primitive form and in a tangible quantity for the healing of sickness if this remedy possesses the specific relation to the disease, which principle the course of Dr. Landell has shown to be effective in allopathy also.

Some Historical Facts About Small Pox Epidemics.

In the first half of the eighteenth century, as the history of medicine shows, the small pox appeared as a severe and fatal epidemic, in the seventeenth century and till 1800 the small pox was inoculated as a protection against the natural small pox, but we possess no statistical data in respect to the result of this procedure. In the second half of the eighteenth century the epidemics of small pox did not appear so often nor of so severe a character.

Since the year 1800, *i. e.* since the initiation of cow pox as a prophylaxis, the epidemics of small pox have appeared more seldom and always of a milder character, especially since from 1800 to 1825. From this it was inferred that the small pox was already becoming extirpated from the globe. But it must be mentioned here that the natural pox on cattle at this time appeared very seldom or only sporadically. Even the advocates of compulsory inoculation are of the opinion that the pox natural to men, cows and sheep are identical; that these diseases must arise from a common source, that the oft or seldom appearing of the small pox, its grave or mild character, its greater or less fatality can in no way be the result of vaccination but must be attributed to another cosmo-telluric influence.

The historical facts in connection with daily experience instruct us that all human material and spiritual means of prophylaxis have given no constant results in epidemics prevailing in single lands only or over the whole world, as leprosy, pesti lence, yellow fever, measles, scarlatina, small pox, typhus, diarrhœa, dysentery, cholera and such like. To these ineffective means belongs vaccination also. Just as inoculation was used as a preventive from 1721 to 1800, so has vaccination been used from 1800 till the present; consequently the seventy years' struggle against the small pox has produced a change neither upon the development nor upon the progress of this terrible disease, simply for the reason that the cosmo-telluric influence can not be overcome, which would be unavoidably necessary according to the principles of nature, of medicine, of knowledge and sound understanding, if human precautions should attain any sure object against these epidemics. The Creator alone of the eternal laws of nature changes the same, not for the sake of human endeavors. The epidemic diseases originate under the influence of the cosmo-telluric laws of nature, increase to a certain height, diminish with time, finally disappear and others appear in their place, as we remark that since the time that the cholera raged epidemically in the East the plague ceased for the most part or was wonderfully changed.

In a similar way the history of small pox epidemics proves to us that from 1721 to the end of the eighteenth century and from that to 1825 in the same infected countries it was very mild in intensity and fatality, so much so that till 1825, with the exception of here and there a sporadic case, not only the public but also physicians were of opinion that vaccination had banished the small pox from the earth.

Still it must not be inferred from this that vaccination is the true cause of the mildness, infrequency and diminished mortality at the time of an epidemic. Judging according to the laws of nature, medical science cannot consider vaccination, as introduced into practice by Dr. Jenner, a protection against small pox, for we have many incontestable facts that during an epidemic those who have been vaccinated are not protected. In Berlin in March 1858 two hundred persons were attacked with small pox, of whom one hundred and ninety-three had been vaccinated and seven had not. In April 1858 of eight hundred and twenty-five cases seven hundred and twenty-eight had been vaccinated. Just so there is an unfavorable ratio of the vaccinated to the unvaccinated in the following table of an epidemic:

	Total number affected by the small pox.	Number who had been vaccinated.
In Marseilles	40,000	30,000
In Digne	664	478
In Kissel	200	181
In Vienna	6,213	5,217

After these statistical figures it is impossible to affirm that vaccination affords protection against small pox and yet not only the fanatical adherents of vaccination but even learned medical societies think themselves right in affirming that vaccination not only changes and mollifies the character of this epidemic but even possesses the power to totally eradicate this plague from the world.

We now ask upon what is this bold assumption based? Upon statistical data, which show that before the introduction of vaccination in the eighteenth century far more persons took the small pox than from 1800 until recently and that the character of this disease has again shown itself severe in the present century?

If it is so and if, beside, as the supporters of vaccination cannot gainsay, the small pox is one and the same disease as cow pox and sheep pox then it is proper to turn the attention to the following points:

1. That in the second half of the last century, consequently before the introduction of vaccination, epidemics of small pox appeared in more mild form than prior to 1750.
2. That in respect to their greater or less intensity the epidemics of the pox among animals displayed the same phases in their appearance as small pox.
3. That not only the small pox but also another sickness prevailing as an epidemic (cholera), against which neither vaccination nor any other means was found to be prophylactic, presented a milder character upon second appearance, were not so widespread and later generally became weaker.

From what has been said it follows that the consoling appearance of small pox having lost in intensity since its appearance in Europe in the eighteenth century can in no way be considered the result of vaccination, but on the other hand is the result of some cosmo-telluric influence upon which epidemic scourges principally depend.

The adherents of vaccination, however, fortify their assertions with figures showing in one place that out of one hundred and ninety-three who had small pox after vaccination only four died while of seven who had it without ever having been vaccinated five died and in another place out of seven hundred and twenty-eight who had it after vaccination only forty-one died while of ninety-seven who had not been vaccinated the number of deaths reached twenty-one.

Yet these figures cannot in any way serve as a ground for the absolute protective power of vaccination, for the greater or less mortality between the vaccinated and the unvaccinated is only one of many contingent circumstances—as the mode of living, employment, poverty, individual dispositions, etc., which must be particularly recorded and considered to be able to base wider assertions upon these figures. Now in order to be able to affirm that vaccination and nothing else was the cause of the less mortality it should be proved that under exactly similar circumstances a relatively smaller number of vaccinated died. Consequently so long as we cannot in this way establish the figures given, so long as we cannot show that a larger number of unvaccinated died under exactly similar relations, just so long we cannot affirm with scientific exactness that vaccination lessens the fatality. That vaccination does not give immunity from the attack of small pox is shown by the statistical figures above given. Hence arises the question whether vaccination is really of any use.

To clear up this question the learned society of London physicians sought and obtained statistical data and views from other learned societies of the continent, since they were not satisfied with the researches made in a single country; yet these societies instead of going into exact physiological researches on the question, were satisfied with the abstract of statistical statements touching the number of those that contracted small pox at different times, from which the conclusion was drawn that the epidemics of small pox had lost their earlier, fatal character as well as their extent as a result of vaccination.

On the basis that statistical statements had been collected from all parts the London sanitary commission arrived at the conclusion that Jenner had conferred a great benefit upon mankind by the introduction of vaccination but that revaccination was now necessary for the protection of mankind from this plague.

Through this decision it became known that vaccination was not an adequate protection against small pox; it became certain that no thoughtful physician would remain satisfied with so insecure a preventive, since those who had been vaccinated were as liable to small pox as those who had not, as shown by the figures given above.

Suppose that the mortality of the vaccinated were considerably less, it is still an incontestable fact that deaths from small pox occur among those who have been vaccinated although in a considerably smaller proportion. Now, although vaccination gives a greater chance of recovery, still the danger of perishing from this disease must be a strong incentive to thoughtful physicians to seek a more effective prophylactic. The aim of our science is continually to establish physiological provings especially. Now, vaccination does not prevent an attack of small pox but beside this the child may through such vaccination contract another disease because the most careful physician, whether he vaccinates from arm to arm or with the cow pox lymph, cannot possibly tell whether the child from which the vaccine is taken has any latent disease in his organism.

You know that the natural pox on the cow does not exist so plentifully as may be thought, there would be scarcely enough natural cow pox to vaccinate a couple of thousand of the wealthy children; in order to remedy this disproportion most physicians inoculate the cow with lymph from the most healthy appearing children, then take the lymph from that vesicle and call it cow pox. What kind of guarantee is that? Experience teaches that in this way thousands of children are inoculated with herpes, plica, scrofula, itch, yes even venereal diseases, etc., which become rooted for the whole life, whether long or short, into an organism which at birth was sound, and he who has the opportunity of convincing himself into what hands compulsory vaccination is sometimes entrusted will assuredly wonder that no worse results ever follow.

Now, returning to my principal proposition, let me call the attention of my esteemed medical colleagues to the practice of Dr. R. Landell and then to my experiments and those of the late respected Karszniewicz and also to the physiological provings of vaccine upon his sheep by my friend Sir Isydor Von Czaykowski and while I rely upon the above facts and figures I give the following practical propositions :

I. That our respected colleagues, allopaths as well as homœopaths, wish to secure physiologico-pathological provings, by which alone we can find out whether the internal administration of cow lymph or of variolinum humanum as a preventive and cure will really be confirmed in every epidemic and under all possible hygienic and social relations, according to the individuality, age, sex and temperament, whether it be exhibited in the above mentioned way of the American physicians Dr. Landell and son or in potency according to the method used with the most desirable results by me for the last ten years and by the late respected Karszniewicz.

For such physiological provings is needed only a pure, primitive cow pox lymph, in addition lymph from a perfectly sound human being, a good will in order to make the observations without prejudice and to record the results conscientiously and intelligibly. From such provings collected by practical physicians science and medical knowledge would possess a sure foundation for a final decision whether the primitive cow pox lymph or small pox lymph can be considered a preventive for small pox when given inwardly according to the mode Dr. R. Landell and son.

II. My second proposition is that our honored homœopathic colleagues shall use upon persons still unvaccinated the primitive cow pox lymph or the variolinum humanum in potency according to the directions given above, as a prophylaxis against small pox. Such physiologico-pathological provings are not of less consequence than those which I mentioned in my first proposition. All the conditions and provisos there mentioned should be scrupulously carried out in these provings so that by it we can judge with certainty of the value of the dynamic vaccination for science and medical knowledge.

III. My third proposition is that physiologico-pathological provings be made by farmers and sheep breeders with the homœopathically potentized sheep pox lymph upon the sheep designed to be inoculated, by giving it internally according to the above directions as has been done with the best results on his flock by my friend Sir Isydor Von Czaykowski from the year 1862 to 1871.

I ask of all my colleagues for physiolgico-pathological provings which, recorded in sufficient number in the course of a long time, may serve the learned societies as a basis for scientific judgment whether the inward administration of potentized cow pox lymph or varioline will serve as a common and secure preventive against small pox and supersede the vaccination of Jenner.

Now in order to make my honored colleagues acquainted with my homœopathic vaccination of man I will give:

I. An exact account of my inward administration of vaccinine according to the established principles of homœopathy, afterward of my experiments with varioline, then

II. Of the vaccine provings of my friend Isydor Von Czaykowski in Jarostawice in the Zloczower district (Galizien) upon his sheep, 1862–1871, by the inward exhibition of potentized sheep pox.—*Internationale Homœopatische Presse, Bd. III, Heft I, pp.* 37–53.

CANINE MADNESS.

Dr. E. P. Philpot furnishes the following differential diagnosis on true and spurious "dog madness" to the *British Medical Journal*, under date of March 8th, 1873:

HYDROPHOBIA.	DISTEMPER.
Definition.—A fatal form of madness communicable from the lower order of animals to man; characterized (as the name denotes) by an intense dread of water.	*Definition.*—A form of rabid madness, non-communicable to man; characterized by foaming at the mouth, impairment of deglutition and a desire to vomit.
Synonym.—None.	*Synonym.*—Rabies.
Premonitory Symptoms. — Begin two days beforehand, loss of spirits, loss of appetite, general depression.	*Premonitory Symptoms.*—Loss of appetite and slight husking in the throat.

HYDROPHOBIA.	DISTEMPER.
General Appearance during an Attack.—When let alone the dog lies sullenly as if "out of sorts," and depressed, notices little, but recognizes his master by wagging his tail. Violently insane only on the approximation of water.	*General Appearance during an Attack.*—The dog bites at any of its fellows, gnaws at the bed or the wall, eats straw and snaps at his attendant.
Fits.—Absent.	*Fits.* Present in a marked degree in most cases.
Foams at the Lips.—Absent.	*Foams at the Lips.*—Very much and leaves it on the surface of the water he vainly tries to drink. [The foam is caused by vain or futile efforts to drink or swallow.]
Water.—Sprinkled over or near him causes violent convulsions.	*Water.*—Has no effect upon the animal.
Thirst.—Absent.	*Thirst.*—Intense, insatiable.
Desire for Water.—Absent on account of dread.	*Desire for Water.*—Very great.
Appearance of Eyes. — Dull or heavy.	*Appearance of Eyes.*— Dull and green in their reflection.
Howling and Barking.—Absent.	*Howling and Barking.*—Present.
Muscular Affections of the Throat causing Inability to Swallow anything.—Absent, or not observable.	*Muscular Affections of the Throat, causing Inability to Swallow anything.*—Well marked.
Causes.—None.	*Causes.*—Inflammatory action internally pervading the system.
Prognosis. — Very bad, always fatal, no chance for recovery.	*Prognosis.*—Good or bad according to the severity of the fits.
Termination.—The symptoms do not vary to any great extent toward the termination.	*Termination.*—A fit.
Pathology.—Intense inflammation of the brain extending to the throat and lungs.	*Pathology.*— Inflammation of the brain, often extending to the throat, the lungs and intestines.
Prophylactic Treatment.—None(?). [The interrogation is ours.]	*Prophylactic Treatment.* — Vaccination is a certain preventive.

CASES FROM PRACTICE.

BY H. RING, URBANA, OHIO.

Case 1.—Mrs. M——, aged 48, medium size, fair skin, blue eyes, light hair, mild and sensitive disposition. The patient living thirteen miles distant had not been seen for a year. At this time, June 1870, her husband came for medicine for her, reporting that she had a cough which had begun about two weeks before. Five days ago she awoke in the morning about 3 o'clock, and coughed up blood in considerable quantity at intervals, until about 7 to 8 o'clock, from which time it gradually diminished in quantity, there still being traces of blood in the sputa late in the afternoon. This had been repeated each day since, commencing at the same time in the morning. She had slept each night from about 10 p. m. until 3 a. m. I could learn nothing certainly in regard to the cough apart from the hœmoptysis. There had been no phthisic in her family. Before I could make inquiry in regard to the appearance of the blood, the husband stated that it was *very dark and stringy.*

Expressing a doubt whether I should prescribe for Mrs. M— without seeing her, I put up three powders of *crocus sat.* 6, believing that the remedy was indicated not only by the dark, stringy blood but also by the time of aggravation of the symptoms and the temperament of the patient. One powder was to be dissolved in one third of a tumblerful of water, of which solution one teaspoonful was to be given once in two hours, commencing next morning if the hœmoptysis should recur. The blood spitting was as bad the next morning after but ceased entirely after the second dose and has never returned. The cough soon ceased.

Case 2.—Mrs. ——, aged 44, living in the country, of rather large frame. Has in former years had good health, and has always worked hard. Last May, 1872, she applied for medicine, stating that her menses had been troublesome for two months, The flow had continued all through each month. At this time the discharge was pale and watery; at the first it was dark and clotted. Her general appearance was somewhat exsanguinated; the mouth, tongue and lips pale. She was still able to attend to some light house work, and she said she always felt best when moving about. *The flow almost ceased so long as she was moving about at work but as soon as she sat down quietly in the evening the flow re-appeared and continued after she went to bed.* She had been treated by an allopath without benefit and was becoming very weak. *Cyclamen* 2 relieved her promptly and she improved in general health and continued so, the menses returning monthly until March, 1873, when the troubles of last year re-appeared. After two doses of the same remedy she has remained well.

Case 3.—I. S——, boy, aged 17, had been three weeks under allopathic treatment, without improvement; was confined to his bed and his recovery had been pronounced doubtful. The boy had always been feeble, although seldom sick. His parents were said to have been first cousins. He was very late learning to walk and was never steady on his legs. When on the street he always tottered and reeled so much that persons who did not know him sometimes thought that he was intoxicated. Whenever he was attempting to hurry along the street he would sometimes find himself obliged to run to avoid falling forward. He did not incline to fall in any particular direction and until this sickness was not troubled with pain anywhere.

Three weeks ago a fire broke out nearly a mile from his home and he attempted to run to it. The evening was cold and wet and after remaining near the fire a short time he experienced pain in the back and had great difficulty in getting home. The pain was at the junction of the last lumbar vertebra with the sacrum and was very severe. He had also headache in the anterior part of the head. The pains were most severe during the night but were never absent. When I saw him, in the evening, there was a slight fever and the tongue was dry and brownish. He had been in bed the entire three weeks and had had but one night's rest during that time, afforded apparently by a medicine that failed afterward. *Rhus tox.* 30, in water was administered, one teaspoonful once in three hours. The boy slept soundly after midnight the same night and had no pain afterward. In four days his health seemed to be as good as it ever had been.

Case 4.—J. H——, aged 51, below medium size, health generally sufficiently good to enable him to be actively employed. Character energetic and decided. Some indications of scrofula. In the summer of 1869 he was superintending the erection of a house and over exerted himself by assisting in the work. During the last week in August he was taken sick and after three days, during which time he took homœopathic remedies from his own box, he wished me to manage his case. In the forenoon he sent for medicine with such statement as led me to prescribe arsenicum 30, once in two hours until better. Late in the evening I was asked to see him as he was growing worse. On entering his chamber I found he had first had a discharge from his bowels which was liquid, in color dark, and on close inspection looking like dissolved fæces, yellowish granules floating in a greenish fluid. The odor was characterized by its pungency, the quantity being about two thirds of a pint. He had had diarrhea and other symptoms during three days. To-day he had had more than a dozen discharges from his bowels. He was in the middle of the bed, sitting up, exceedingly restless, and could find no position in which he could remain longer than a few seconds. He complained of great weakness and frequently attempted to lie back against the pillows which were piled up behind him but his restlessness would not permit him to be quiet. He was peevish, the pulse frequent and soft, moderately full. His tongue had a brownish, clammy coating. He complained of soreness, as if bruised, all over him. He had severe pain in his bowels, which was somewhat alleviated after each evacuation from the bowels. There was a peculiarity in the pain he suffered in the bowels, in the small of the back, in the neck and in the head which should be noted. The pain was at no time absent from either of the localities named but would seem to run through them with a regular series of aggravations, an abatement of pain in the bowels being succeeded by an increase of pain in the lumbar region, a diminution of pain in the latter place being succeeded by increase of pain in the back of the neck, after which the headache was exacerbated, and then came an increase of distress in the bowels, the severe pain lasting only a few moments in one locality. Regarding the case as one demanding *rhus tox.*, I found on opening my pocket case that the vial labeled rhus was empty. I remembered that I had in a vest pocket a small vial of Fincke's rhus, 10 m., which I had intended to make a trial of in another case. The patient being so uneasy I resolved to give him a dose at once and watch the result. A few globules were dissolved in one fourth of a tumblerful of water and of this solution one teaspoonful was given about 10 p. m. No change was observable during the first quarter of an hour. At the expiration of half an hour there was a decided diminution of the restlessness and other symptoms; he could lie still for a few minutes. In three quarters of an hour the pains had all subsided ; he was resting quietly and said he was much better. Just before the hour by the watch was out he said he could go to sleep. I left the house with the injunction not to give a second dose of the medicine unless there should be a return of the pains and general distress and especially requesting that his son would inform me during the night if the patient should not appear decidedly better. I heard nothing more about the case that night and on visiting the patient next morning found him sitting up reading the morning paper. He had gone to sleep soon after I left him and slept soundly until his usual time of waking. Some time after rising he had a very small evacuation of whitish mucus, without pain. There were no further symptoms and the patient was out of the house on the second day.

It has not been my habit to employ attenuations higher than the 30th in similar cases but having been convinced by ample experience of the value of the highest attenuations I did not experience much hesitation in prescribing rhus 10 m. in the present case. But I acknowledge that I was surprised at the result.

ACCIDENTAL PROVINGS OF APIS MELLIFICA.

BY H. RING, M. D.

In the summer of 1872, W. S——, aged fifty years, of predominating nervous temperament, with a mixture of the bilious; his general health somewhat feeble, while near his bee hives was stung by a bee on the back of one of his hands. He had several times before been stung without experiencing much inconvenience. This time he was in a very few minutes seized with nausea and vertigo and a general sense of distress and prostration, accompanied with mental anxiety.

When seen by me, within half an hour, he was lying on his back with flushed and slightly puffed face and ears and flushed neck, breathing with some difficulty, a sense of fullness and choking as if filling up in his throat, oppression over the chest and epigastrium, troublesome itching or stinging of the face, ears and throat and also of the hands and wrists, feet and ankles. There was little or no itching on any other part of his body. An examination of his limbs discovered a marked redness of the hands as far as the wrists and of the feet and ankles—none further up the limbs. The itching on the limbs seemed to be confined to the backs of the hands and the upper part of the feet. The pulse was quick and full, not hard. An examination of the place where he was stung showed that the bee had struck directly upon a prominent vein on the back of one of the hands. There was no swelling at this point. The precise order of development of all the symptoms could not be accurately ascertained. He suffered in this way about two hours and then the symptoms gradually disappeared.

Epidemiological.

CHOLERA IN NASHVILLE.

Its, Character, Treatment and Results.

BY J. P. DAKE, M. D.

MESSRS. EDITORS:—Since the appearance of cholera in this city, having received many letters from different parts of the country inquiring as to its characteristics and treatment and finding myself unable to answer them individually, I seek to give the desired information through your wide circulating columns.

ITS FIRST APPEARANCE.

During the latter part of May we were advised of the prevalence at Memphis and along the Mississippi river of a form of cholera morbus, quite sudden, rapid and fatal. Although the press and even the physicians hesitated to call the disease cholera, I was satisfied it could be nothing less from information afforded me by Dr. Morse, of Memphis. About the 1st of June cases of the same began to occur in our city, increasing steadily in number up to the 20th and then decreasing so as to be nearly all gone by the end of the month.

ITS CHARACTERISTICS.

The disease differed from Asiatic cholera, as seen in years past, only in having, in most cases, bilious evacuations in place of the peculiar "rice-water." Generally there were first greenish, watery dejections, then vomiting of ingesta and bilious matter, followed soon, if not relieved, by collapse, with the usual cold surface and extremities and blue, shriveled skin.

If the evacuations continued long unchecked they sometimes became purely rice-water but in many cases they were bilious to the last. In not a few cases the dejections were entirely rice-water.

Cramps in the abdominal muscles and in those of the extremities and other parts were present in nearly all severe or fatal cases.

On account of the bilious evacuations many physicians hesitated to pronounce the disease cholera and hence it was often termed "the prevailing," "the epidemic," etc., in our newspapers.

Different theories were put forth regarding its origin and nature. Some regarded it as of malarial origin and type and many as produced by the peculiar properties of the vegetables in use, the spring having been unusually late and the vegetables less matured than usual at the season they were brought into market. And the accumulated filth in the streets, alleys and yards of the city was blamed for the terrible scourge.

I have observed and studied the disease in its different phases and stages and candidly confess that its specific or essential cause is yet unknown.

No theory brought forward covers all the facts in the case, none is entirely satisfactory and reliable.

The disease is not a congestive chill; it has attacked many not using the "immature vegetables;" it has invaded the cleanest parts of the city where there could be no "accumulated filth."

I have not hesitated to pronounce it cholera and of a character as epidemic as it has generally been on former occasions in this country. The evacuations, especially in persons of a bilious temperament, were at first bilious necessarily because it was at a season when bilious diarrhea would be prevalent, if ever, and people would scarcely have any unusual evacuations without exhibitions of bile.

In regard to the causes of cholera, I may repeat what I wrote nearly twenty years ago, after a careful study of the subject during the great epidemic at Pittsburgh. In the production of a case of cholera there must be three causes simultaneously bearing upon the individual, thus:

1. A predisposition to the disease.
2. A specific cause, more or less prevalent; and
3. An exciting cause.

An individual may have a predisposition to such affections of the stomach and bowels, an irritability or weakness of the alimentary canal; and he may exercise or eat or drink imprudently and bring on diarrhea or cholera morbus; but he cannot have cholera unless he is the subject of the prevailing cause of that disease.

Or an individual may have the predisposition and be under the influence of the specific prevailing cause and yet have no cholera; indeed, he cannot have it until the exciting cause is added.

Or, again, an individual may be subject to the specific cause of cholera and may encounter a very sufficient existing cause and yet escape if he has not also an individual predisposition to such an affection.

As a familiar example of what I mean, I may say that in the production of effervescence at the soda fountain three causes are requisite—an acid, an alkali and water—and that the absence of either one would defeat the end desired.

The alkali and the acid in a dry state might dwell together for years without the least effervescence but the moment water is added activity begins. Or the alkali and the water might gently mix and remain quietly together till the acid is introduced. Or the acid and water could exist in combination for any length of time without effervesence till the alkali is added.

ITS AVOIDANCE OR PREVENTION.

Aside from the general cleaning up of the streets, alleys and yards of the city, the spreading of lime and coal tar and an ordinance prohibiting the selling of all vegetables in the market save onions and tomatoes no public or general measures were taken for the prevention of cholera. Whether any or just how much good was effected by the efforts at cleaning and disinfecting and the prohibitory ordinance none can tell.

One fact was very plain, as it had been in former visitations of cholera, that people who drank from springs of strong limestone water or wells of the same were more subject to the disease than those using water from the river. And I may add that those using good cistern water were more exempt than those using the river water, especially where the latter was not filtered.

From my own observations lately as well as formerly made and from my views of the causation of cholera I specify the following as the most important precautionary or preventive measures:

1. A cool sponge bath and brisk dry rubbing of the entire person every morning on rising.

2. Usual avocations moderately pursued.

3. Avoidance of unusual fatigue or exposure to heat or cold, especially to currents of night air.

4. Avoidance of large draughts of cold water; also of food difficult of digestion, such as cucumbers, cabbage, green corn, onions, green beets and beans, fresh fish, the flesh of young animals, eggs, rich pastry, candies, etc.

5. Avoidance of alcoholic drinks, especially of beers fresh made. Light still wines, such as the Catawba, Ives' Seedling or Concord, may be used moderately at or after meals with benefit.

6. The best articles of food generally during the prevalence of cholera are beefsteaks, rare broiled; beef, rare roasted; mutton chops, broiled; good light bread, plain corn bread, "beaten biscuits," crackers; potatoes full grown, well boiled or roasted and thoroughly mashed; tomatoes fully ripe, well stewed with light bread or crackers; hominy and rice, well cooked; Japan or black tea; cistern or freestone water, moderately; very little milk or cream.

Of course general recommendations, such as I am able to give in a popular article, cannot suit every individual case. Some of the articles allowed may disagree with a person here and there and such a one should not therefore touch them. And some that are prohibited may be in nowise hurtful to certain individuals and they may use them with impunity.

In the prevention of cholera or any other disease the first duty of an individual is to lessen the predisposition to it by an increase of the power of resistance in the organism. This must be accomplished, as I have already indicated, by proper bathing, exercise and diet.

The second duty is to avoid exciting causes, excess in eating and drinking, and exercise or imprudence in the same. Fear is a very great exciting cause and cannot easily be allayed. Where it has taken very full possession of an individual if possible there should be an immediate change of residence to a region not infested with the disease.

The third duty is to prevent by anticipation the inroads or attacks of the specific prevailing cause of the epidemic.

In the avoidance of the loathsome small pox we have learned to anticipate and so prevent the action of its specific cause by the use of vaccine virus. And so in scarlet fever we have found a valuable preventive in belladonna. And I am happy to say that there is also, acting upon the same principle, a preventive, a prophylactic for cholera. As the vaccine virus acts upon the organism through the blood in the same direction and in a manner similar to the genuine variolous matter; and as belladonna acts upon the organism, the mucous membrane, the skin and other tissues in the same direction and in a manner similar to the genuine scarlatina influence; those remedies exhaust the susceptibility of the organism to small pox and scarlet fever more or less effectually and for a longer or shorter time. And precisely upon the same principle and just as successfully does *cuprum metallicum* (copper) properly prepared and used exhaust the susceptibility of the organism to the specific cholera influence.

I have given it to thousands of persons during the prevalence of the cholera in 1849, 1850, 1854 and 1873 as a preventive and have never known one of them to take the disease while under its influence. It has been successfully employed in Europe, North, Central and South America as a preventive. Statistics in its favor are abundant. Dr. Burq, a distinguished French physician (allopath), discovering that the operatives in copper works were almost universally exempt from cholera when prevalent all around them, corresponded with the heads and managers of such establishments in various parts or the world and in a learned paper on the subject advocated the use of copper (cuprum) as both a preventive and curative agent in cholera.

ITS CURE.

If after all possible care there is a concurrence of the causes we have mentioned and the susceptibility of the organism takes in the cholera influence all must be anxious to know something of the necessary means of cure. Remedies must be suited to the various form and stages of the disease.

Before proceeding to mention the remedies best suited to the different forms and stages of cholera I must mention some very common and most unsuccessfully tried. Opium, in some form, is found in nearly every mixture and prescription for cholera and yet it has no property or power making it a remedy for that disease. Because it has sometimes checked simple diarrhea and may induce insensibility to pain it has been clung to as a sheet anchor in the treatment of the terrible cholera, over which it can have no possible control. Under its strong influence there is depressed nervous and vascular action and a stagnation of blood in the capillary vessels where there should be a brisk return, and thus by it a tendency to collapse is established and harm done.

Pepper, ginger, mustard, one or all, may be found in nearly every cholera mixture in common use, notwithstanding they have no curative power in cholera whatever. In the stomach and intestinal canal they heat and burn the lining membrane and adjacent tissues, till nature sends there all the fluid she can muster to "put out the fire." The serum, already leaving the blood to coagulate in the capillaries and veins, making the hands purple with the coming collapse, is thus poured into the alimentary canal and rushed more rapidly away.

Calomel, chiefly employed to substitute bilious for rice-water evacuations, has been widely used and most unsuccessfully. In 1830-1 it was employed and abandoned, praised and denounced alternately—the same in 1849, 1854, 1856 and, I may add, in 1873. Here in Nashville it has most signally failed and its advocates have been nonplussed by the glaring fact that scores of people have died with cholera whose evacuations at first, if not all the time, were bilious.

Quinine has been brought forward and here extensively employed both as a preventive and a curative agent in cholera upon the crazy hypothesis that the disease is but a form of intermittent fever—"a mis-located congestive chill." It has been given by the spoonful to those wanting a preventive and heads have reeled and ears have rung with its fever-begetting stimulus. And it has been injected under the skin and its unfortunate subjects have died from its poisonous effects, with exceptions.

But let us turn to something more rational and effective. The principle upon which we must select remedies is not essentially different from that upon which we have obtained efficient preventives for disease. As belladonna is a curative agent in scarlet fever and cuprum in cholera, so must all agents be curative only as they bear a like relationship to the affections for which they are severally employed. As I have stated, belladonna cures scarlet fever because it is capable of producing similar conditions or symptoms. For the same reason cold water cures cold feet, lime water and linseed oil lotion cures burns, by exciting a curative reaction in the forces of nature. Nature must do the curing if any is ever effected. All that medicine can do is to arouse or excite her powers in the proper direction. Nature resists the cold application to the feet by sending more blood there and so the cold feet are made warm.

Croton tiglium is the remedy for diarrhea when the discharges are copious, gushing and light colored.

Arsenicum album when the discharges are copious, thin, of various colors, generally dark, very offensive, attended with great thirst or nausea and prostration.

Veratrum album when the foregoing remedies fail to stop the dejections and when there is vomiting, sudden and violent, especially on taking cold drinks or moving with great weakness and faintness.

Cuprum metallicum when, with or without any of the symptoms above given, there are cramps in the muscles of the abdomen or limbs or in the stomach. This remedy may be used at any stage of the disease in alternation with one of the other remedies named. In alternation with veratrum it has effected immense good.

Camphor when, during the prevalence of cholera one has a feeling of chilliness or sudden prostration, with nausea and faintness; take three drops of the tincture every fifteen or twenty minutes till relieved. Also, if after the use of other remedies there is a tendency to collapse, with cold surface and extremities, feeble or faltering pulse, life may be saved by the use of three drops of camphor every fifteen minutes alone or, if needed, in alternation with *cuprum* or *arsenicum*.

In regard to camphor, I must say that it has saved more lives in jeopardy with cholera than any other one remedy in the world. Wherever calomel, opium and camphor have been given in mixture, the good effected in cholera has been due to the camphor; and the same might be said of all the other prescriptions and mixtures for that dreaded disease in which camphor has been a part.

ITS RESULTS.

The number of deaths from cholera here is not exactly known. It has been variously estimated at from 700 to 1,000. From the best information I can gather I believe it to have been not over 900. Of this number at least two thirds were colored.

As the colored population here is only one third that of the white say 12,000 in a total of 40,000, it will be seen that from some, cause or causes the disease was both more prevalent and more fatal among them than among the whites. One cause was, doubtless, a greater predisposition to the disease by reason of temperament and constitution and another their manner of living—green and poorly cooked vegetables being their chief subsistence and limestone water their only drink. Their settlements are almost invariably about the large limestone springs where the water is free from tax, their cabins huddled together, ill constructed and very damp.

In regard to remedies they went to extremes, taking either none at all or very large doses of destructive mixtures. Nursing among them was very poor, the attendants exercising more in frantic prayers, singing and shouting than the timely, faithful care required.

I must enter a protest here against the charge appearing in many papers that Nashville was more grievously affected than some other cities by reason of local causes, general unhealthfulness and a lack of sanitary care. This city on the score of general healthfulness is not surpassed by any city in the United States. From July 1 to January 1 its inhabitants have less sickness than the people of any city I am acquainted with and from January 1 to July 1 it has only the troubles incident to changes of temperature save in June, when the first fruits and vegetables come into use. Nashville is distinguished for the salubrity and mildness of its atmosphere. There is no reason for severe visitations of cholera here save, as I have mentioned, in its springs and wells of limestone water and the manner of living among a portion of its population.

So far as modes of treatment or remedies are concerned I have already indicated some of the results. Among the masses the cry at first was for powerful remedies and large doses but before the close of the visitation it was changed. Thinking people with facts before them could not be long in coming to the conclusion that massive doses of poisonous drugs not only failed to stay the disease in its fatal progress but that they actually carried off with brain disease and fever many whose good powers of endurance had brought them through the cholera. Many learned the truth couched in the words "*die milde macht ist gross,*" and turned for safety and relief to the gentle doses of cuprum, veratrum and camphor. I am satisfied that the rate of mortality under homœopathic treatment was not half what it was under the allopathic. In a practice that kept me busy eighteen out of twenty-four hours, with a due proportion of cholera cases, I lost but one patient with cholera. I do not mention this fact for personal gain nor the success of homœopathy for partisan purposes but in proof of the efficiency of the remedies pointed out by the homœopathic principle and in justice to medical science and for the good of the people of all classes and everywhere. The course of cholera is onward, to the north, east and south of us, and I hope what I have written may prove of benefit to those who may be in its sad line of march.

Nashville, August 21, 1873.

CINCINNATI, August 29.

Puerperal peritonitis has been epidemic in this vicinity for some months, also in Newport and Covington, Kentucky. Bryonia has seemed to be the remedy oftenest indicated and this with aconite, belladonna and colocynth has controlled the disease. Dr. Hunt lays particular stress upon the symptoms *dusky hue of one or both cheeks, and rebratory pulse* as indicating bryonia, other symptoms of course not contra-indicating.

A. L.

Communications.

A TIMELY SUGGESTION.

To the Alumni of the Homœopathic Hospital College, Cleveland, O.

MESSRS. EDITORS:—With your permission I wish to present through the columns of the REPORTER a few suggestions and a proposition relating, as I conceive, to the prosperity of the homœopathic principle and practice of medicine.

Homœopathy as a system of use does not depend altogether for success on its innate truth and harmony with natural law but it depends in part on the manner in which it is presented to the public mind and the interest and confidence which its friends seem to have in it. In order to secure for it the degree of public confidence and extensive usefulness which its intrinsic merits demand it must, in my opinion, be supported and represented by institutions of learning equal in advantages and appearances to the institutions of any other school of medicine in the land. In these elements of success there is room for some improvement in our college at Cleveland. The lecture rooms are commodious, comfortable and well arranged. The improvements which I would suggest are well arranged dissecting rooms for both sexes, a museum largely increased, a more extensive library, hospital accommodations increased as rapidly as the increase may be required; the library and museum halls should be capacious and inviting.

To accomplish all this would involve considerable outlay of labor and money and the question arises how and by whom is this expense to be met ? The only answer that I know to this question is both simple and sufficient: the expense is to be met in the same way as similar expenses are met by other institutions and colleges, that is, by the liberal donations and bequests of public spirited men and women who are interested in the success of homœopathy in general and of the Homœopathic Hospital college in particular.

There are probably more than eight hundred of the alumni of this college. Such a number of gentlemen and ladies with proper enthusiasm could easily endow the college with two hundred thousand dollars, say, in the course of five years. This, though a very small endowment, would nevertheless be quite an aggregate to commence with. Some such plan as this might be adopted: let each of the alumni of the college donate fifty dollars a year for five years and the sum of two hundred thousand dollars would be realized.

Perhaps many would wish to aid so grand an enterprise who would not feel liberal to the amount specified and many might feel willing to give double the amount provided the movement was likely to succeed. If each of the eight hundred alumni would give but one hundred dollars in five years or twenty dollars a year it would realize a sum of eighty thousand dollars, which would make quite an addition to the present facilities and appearance of the college and hospital.

I should like, however, to see the improvements in the buildings, library and museum on a scale commensurate to some extent with the importance of the enterprise. I have heard several express a desire that the Homœopathic Hospital College at Cleveland might be put on a footing of usefulness and of imposing appearances equal to any institution of learning in Ohio. How extensive such a desire may be or how far such desire can be backed by substantial means I do not know. To test the matter and to make a beginning I propose to be one of ten or any larger number to donate to the above object the sum of fifty dollars a year for five consecutive years beginning with some of the fall months of 1873. If there be any wishing to second the proposition let the wish be made known through the columns of the REPORTER.

Some to whom I have mentioned the plan have objected that some larger city, as New York, would be more likely to build up a large and creditable institution, a monumental institution to homœopathy. I have certainly no objection to a fitting representation of homœopathy at New York, Cincinnati or any other city. I should like much to see a spirit of emulation spring up at proper points through the country which would draw into activity the zeal, pride and intellectual power of the ranks of homœopathy.

There is, however, no reason why the alumni of the Cleveland Hospital college should not take part in such a movement nor why the Cleveland Hospital college should not receive a due share of honor from such a movement. It is one of the oldest colleges in the land. It has had its struggles even for existence, and for one I should like to see its adventurous youth terminate in an honorable and permanent maturity.

Cleveland is a large and growing city. Its railway and extensive manufacturing interests with their attendant accidents furnish a good supply of clinics. The last college term every clinic hour was well occupied and many of the operations were of rare interest.

Messrs. Editors, I have presented these suggestions to the readers of the REPORTER in the hope that they will commend themselves to the consideration of many of your readers and that others will express their views and feelings on the subject through your columns. I may be too enthusiastic, yet I cannot but think that there are many who will be willing to co-operate liberally in making the Homœopathic Hospital college an ornament to the profession, a living power and an eloquent orator to proclaim the truth and value of our law of cure.

J. WHITELEY, M. D.

Oil City, Pennsylvania, May 29th, 1873.

Clinical Communications.

Phthisis Pulmonalis, together with Purulent Otorrhœa and complete destruction of the Membrana Tympani.

The following described case applied early during the past winter for treatment:

A. R——, aged twenty-three, a tall, lank, spare built, stooped shoulder man, measuring over six feet, complained of a severe, harassing cough, with thick, purulent, yellow expectoration; *night sweats ; hectic fever ;* pulse running up to 125 ; loss of appetite ; hurried respiration ; oppression on the chest and occasional looseness of the stools, running off in *painless diarrhœa; cold, clammy hands and feet and stinging in the same together with flashes of heat and coldness throughout the entire body;* considerable thirst ; both ears were emitting a profuse and exceedingly *offensive discharge.* An examination with the speculum revealed chronic ulceration of each external meatus, together with perforation and complete destruction of the *membrana tympani.* Hearing was very difficult in both ears. The tick of a watch could not be heard if held ever so close. A tuning fork could be heard pretty well when placed upon the occiput or over either ear. Was obliged to raise my voice to a very high pitch to make myself heard. The antecedents of this case pointed strongly to Phthisis, one brother having died with it.

Gave sulphur 81 m., *three doses,* followed with sac. lac. At the expiration of three weeks the patient reported with a marked improvement in all respects ; cough and night sweats entirely gone; the coldness and flashes of heat had given place to a genial glow throughout the entire body, even to hands and feet ; bowels regular, no longer loose ; appetite good and absence of thirst. The ears, though much improved, required after treatment, which the patient is still undergoing. Hearing is much better and at this time of writing patient may be said to be rapidly convalescing.

C. H. von Tagen, M. D.

Cleveland, July, 1873.

Epilepsy.

H. W——, a boy aged fourteen years; gray eyes, light hair and complexion; of a nervo-lymphatic temperament. Some ten years ago patient had scarlet fever, resulting in venal dropsy; following this came epilepsy. After the fourth paroxysm medical aid was summoned and after a brief treatment patient improved so much that he was pronounced cured. After the lapse of four years the disease returned, caused by fright induced by punishment at the hands of a school mistress; the boy had a paroxysm while undergoing punishment, after which he was sent home and soon after arriving there had another paroxysm, followed by successive and daily attacks which lasted about four weeks.

I was summoned in March last to see another member of the same family when the boy's case here referred to was brought forward for treatment. The following symptoms were present: fullness and throbbing of the head with twitching of the muscles (*subsultus tendinum*), particularly of the face; pupils dilated; sudden starting and jerking during sleep. *Belladonna* 200th, one dose per week with sac. lac. during the interim, and thus for four weeks. Patient seemed to grow worse, the child's mother attributing the change to the medicine. The paroxysms, however, grew shorter. The belladonna was discontinued and forthwith the case began to improve and up to this time no return of the complaint has occurred.

Cleveland, July, 1873. I. KIMBERLING.

Psoas Abscess Cured with Silicia.

S. Z——, aged four years; German; light hair, light complexion, lymphatic temperament. Last December (15th) his mother first noticed an enlargement near the right inguinal region below Poupart's ligament. Immediately an allopathic physician was summoned and large bottlefuls of medicines were used to cleanse the blood and move the bowels every day. The abscess was opened, lanced and poulticed at different times for a period of four months. The boy got worse all the time, so much so that he was not able to walk for over three months. April 1st I was summoned to see the boy and from symptoms most characteristic, namely, a very large abdomen, weakness in the ankles, difficult stools without power to expel them, profuse sweat about the head, I prescribed *silicia* 200th, one dose a day, and sac. lac. every three hours for one week. After the boy had taken two doses of medicine the mother said he felt better. At the expiration of one week the boy began to use his leg a little. In two weeks he walked quite freely. I then gave one dose of *silicia* 5 m., which ended the medical treatment. The abscess discharged freely, the boy got a good appetite, gained strength and is now perfectly cured. No other treatment save washing the parts with tepid water twice a day.

I. K.

Editorial.

The Homœopathic Hospital College at Cleveland—Session of 1873-4.

The twenty fourth annual session of the Homœopathic Hospital college at Cleveland will begin on the last Wednesday of the present month and will close on the second Wednesday in the following February. This is not only one of the oldest medical institutions in America but it affords exceptional advantages to students.

The clinical privileges are not excelled if, indeed, equaled in this country. Connected with the college and but a few steps distant is a model hospital open at all times to the students. There is beside a college dispensary, the value of which will be appreciated.

The new college building, which was purchased and fitted up at great expense, is centrally located and admirably arranged for the purpose. It has a very large lecture room, the seats arranged with the especial object of permitting every one in the audience to see and hear perfectly.

The anatomical department is fitted up with all the most approved conveniences for dissecting and is arranged to be as completely ventilated and purified as possible.

The surgical, obstetric and ophthalmic departments are now fully organized and full and practical instruction will be given in matters pertaining to these subjects.

The Hahnemann Society connected with the college is of great benefit to the students. Weekly meetings are held, the time being chiefly devoted to quizzes of the preceding week. Instructive lectures by gentlemen of the city and from abroad are given at intervals. The society confers a separate degree upon all whose proficiency claims it.

The college doors are thrown open to students of both sexes, women having the full benefits of the institution. For the latter the faculty has created the degree of O. G. D. (Doctor of Obstetricy and Gynecology). The attention of women who desire to prepare themselves to treat diseases peculiar to their sex is called to this especial degree. The curriculum of studies for this degree includes anatomy, physiology, chemistry, materia medica, theory and practice, obstetrics and gynecology and pathology.

The fee for the full course of lectures at the college is $60; matriculation fee, $5; hospital fee, $5; practical anatomy, $5. Students who have attended two full courses of lectures in another respectable college will be charged but $40. Graduates of accredited medical colleges will also be admitted on payment of $40. The graduation fee is $30. Graduates of this college or students who have attended two full courses of lectures in the same will be admitted to all lectures upon payment of $10. Students who attend one full course in this college and pay full fees therefor will be admitted to the second on payment of $60; or students can attend two full courses by paying $100 in advance.

Registration dates the beginning for each student of his course of lectures. Each student before attendance on the lectures must register at 75 Monumental park, office of the registrar. Candidates for graduation must be twenty-one years of age, must have attended two full courses of lectures, the last at this college, must have studied medicine at least three years, including lecture sessions, under the immediate instruction of some reputable physician and must possess good moral character, reputable English scholarship and a satisfactory knowledge of medicine and surgery.

Numerous prizes are offered. There is a prize of $50 in fees to the student passing the best written examination in English scholarship, the examination taking place September 24th. Upward of $100 is offered in four clinical prizes. For best papers on final examination $50 is offered in three prizes by Aaron Baldwin, jr., M. D., of Washington D. C. For the best examination in obstetrics Professor J. C. Sanders offers a $50 set of obstetric instruments. Dr. I. B. Massey, of Sandusky, offers $30 worth of instruments or books to the student obtaining the highest percentage in the daily quizzes during the term and sustaining the best final examination. Professor N. Schneider offers $40 in instruments or books for the best essay on injuries and diseases of the joints. The faculty offers $30 for the best dried prepared anatomical specimen.

Prosectors to the chair of anatomy will be appointed from those students who sustain themselves best in a written quiz on anatomy.

We have thus briefly mentioned some of the advantages this college possesses. The coming term will, judging from present indications, witness the largest attendance since the formation of this medical school. The faculty is named on the last page of the REPORTER. It embraces medical gentlemen of acknowledged prominence in the departments to which they are assigned, gentlemen of broad culture and of extensive professional experience, practical as well as theoretical physicians.

The college invites all persons desirous of thorough medical education to avail themselves of its advantages.

Chemistry of Cobra Poison and Beer.

One of the most remarkable illustrations of the mysterious line that separates the deadly and the wholesome in nature is given in the English medical press which states that the poison of the cobra, the most venomous of the East India serpents, has been chemically analyzed, giving the following results: carbon 45, nitrogen 13, oxygen 6, sulphur 26 and hydrogen 10. This is exactly the composition of beer yeast. The latter is used for manufacturing the staff of life, bread; the former is so deadly in its nature that when taken from the snake and preserved and afterward injected under the skin of animals it produces fatal results quickly. The laboratory of nature is far more wonderful than that of the human chemist.

THE ADVANCE has hit the *point* at last, listen!

"It is our fate occasionally to get inspired (in a medical and editorial way we mean). It catches us on the instant and hurries away on a rush of ideas as on a flood tide of water. Some special topic comes up and fills like an afflatus all our little world of thought."

Let us advance with him just five pages and again listen while he speaks of *medical education in colleges.*

"This trite theme was never more ably handled than in the following words by Dr. Robert McMurray, viz: 'It is a very just cause of regret that the members of the homœopathic school have been so very ambitious of the honor of establishing colleges as to cause the supply to far exceed the demand."

We always admired honesty and we hope our contemporary will speak some more tell tale truths and give us another glimpse behind the curtain.

Literary Notes.

A PRACTICAL Guide for Making Post Mortem Examinations, and for the study of Morbid Anatomy, etc. By A. R. Thomas, M. D., professor of anatomy, Hahnemann Medical college of Philadelphia.

We feel that an apology is due our friend, the author, for the long delay in the appearance of this notice of his work. A review was prepared some weeks ago, in ample time for the July number, but through some mishap the manuscript was mislaid and did not find its way into print; whose fault it is we will not attempt to say but that it was written we do know and so positively assert. "Better late than never" is a trite old saying, so to avoid throwing ourselves open to the serious charge of neglecting our friends, and this one in particular, we hasten, as far as our humble ability will permit, to make our *amende honorable.*

The work, as its title implies, is one thoroughly and eminently practical and of great value to both physician and student. In fact, no medical library can be called complete without a copy of it on its shelves. The appearance of the book is creditable to author and publisher alike. The material is good and print clear; the language is also good, perspicuous and comprehensive, characteristic of its author, whom we regard as the finest lecturer on his special branch (anatomy) to whom it has ever been our good fortune to listen, and when saying this we feel confident that we do but echo the sentiment of hundreds who have been permitted to enjoy the same high privilege, and these are scattered over the entire surface of this broad land.

The general arrangement of the work is excellent, taking in the human frame from head to foot in the regular order in which the various parts appear, from above downward. A void long felt in medical literature has been filled so well that there is scarcely anything more to be desired in this direction. The author's extended inquiries, carefully conducted and patiently gathered for a series of years, as we know somewhat of practically, have been collated with much care, are intensely interesting to the true lover of pathology, and while the work falls short of being perfect (a point none of us expect to attain in this mundane sphere) it leaves little to wish and much to be thankful for. The great importance of making *post mortem* investigations for the purpose of verifying or otherwise a diagnosis commends itself to every educated member of the profession. There is a world of information to be derived yet, much of which remains secreted, revealable only through careful research upon the cadaver and it is only through this channel that useful facts can be collected and knowledge which will enable us to treat successfully the living. The time is near at hand when an intelligent public will demand an exact diagnosis and prognosis at the hands of the physician and the conscientious practitioner will rest content in his own mind that he has not been groping in the dark. We most heartily commend the work to people both in and out of the medical profession as worthy the time and labor necessary to render themselves familiar with it.

CLINICAL Notes on Nervous Diseases of Women.

By William B. Neftel, M. D., New York. Reprinted from Dr. Brown--Sequard's Archives of Scientific and Practical Medicine.

The contents of this pamphlet are valuable and deserve the study of the profession. The author gives some practical conclusions from his own observations and is altogether original. Among other things he traces many cases of vaginismus to the use of cosmetics containing lead or to the use of water which has passed through lead pipes. He has also succeeded in curing dysmenorrhœa with electricity. His investigations into the cause and cure of backache are also useful and interesting.

OPHIDIANS, Zoological Arrangement of the Different Genera,

including varieties known in North and South America, the East Indies, South Africa and Australia. *Their poisons* and all that is known of them, *Their galls* as antidotes to the snake venom. Pathological, toxicological and microscopical facts; together with much interesting matter hitherto not published. By S. B. Higgins, S. A., honorary member of the Homœopathic Institute of the United States of Colombia. Boericke & Tafel, 12 mo., pp. 239, cloth $2.

This subject would not at first appear to be very interesting to the general practitioner but when once the attention is called to its merits then its charms begin to make themselves felt. Having spent many years in South America in the practical study of serpent poisons the author has become possessed of many facts known probably to no other single individual, and in this work he has them fully brought out. During the practice of his profession among the "curers" he was admitted to their mysteries and we have the valuable part of them published in this work.

As an original explorer and a pure homœopath he deserves the thanks of the profession in publishing his discoveries, the most important of which is the fact that "*every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted.*" It is also stated that the gall of a more deadly snake will antidote the bite of the less deadly. This he has proved by many successful cures and the inferiority of all other means is clearly shown by a long table of experiments, etc., with snake poisons and their antidotes.

Another point to which we would especially call the attention of the profession is the remarkable exemption from typhoid diseases of those who have been inoculated with serpent gall, to which the author cursorily alludes but goes more fully into the relation of bilious or yellow fevers to these serpent poisons. In the latter part of the work are pathogeneses of some of the more deadly poisons, and this we think the crowning feature of the work. They contain invaluable *materia medica* and it is to be hoped that every physician will avail himself of the work and increase his knowledge in this department.

We regret that we are not able to give a more extensive review of this work since we consider it the best of the late publications and feel assured that the zealous author has here "made his mark." For sale by L. H. Witte.

THE Medical Register and Directory of the United States will contain the name and residence of physicians of the entire country, also officers of public medical institutions of *all kinds*, hospitals, asylums, dispensaries, colleges, medical societies, etc. All such institutions are requested to furnish catalogues, announcements, &c., in order to give brief histories of these institutions and for use in perfecting the register and directory in all its parts. The author and publisher intend that the work shall be exhaustive and as nearly *correct* as may be and it will be issued as speedily as possible. The work has been retarded by want of prompt answers to letters and circulars. Address S. W. Butler, M. D., 115 South Seventh street, Philadelphia, Pa.

We need not add how important it is that the name of every homœopathic practitioner should be sent in and to bring about this end speedily let every one of our readers forward a correct list for his section, town or city to the address of the publisher or to L. H. Witte, 17 Public Square, who will see to it that the names thus sent will appear. It is our desire to have our school thoroughly and accurately represented. Our neighbor the "Investigator" is looking up the matter also and we hope the rest of our journals will see to it that all may be aroused to the importance of *prompt* attention to the matter. The publisher has purchased of Dr Toner of the statistical bureau at Washington the complete list of names in the possession of that department and, as we have intimated, appeals to the profession to add all the information possible.

HOMŒOPATHIC Veterinary Practice. Bœricke & Tafel. pp. 658. Half Morocco $5. For sale by L. H. Witte.

"This is the latest, fullest and best book on the subject in homœopathic literature, yet we find in it many deficiencies which we trust will be remedied in the coming editions, for there will be many in the future; because we cannot do without them if for no other reason.

The author chooses to remain *in cog.*, it seems, but he deserves more honorable mention. In the first part he gives instruction in the choice, breeding, training, etc., of the various animals useful to man, while in the second part he describes their diseases and the treatment thereof.

To these two is added a third on materia medica, which we consider the "backbone" of the whole book.

We have carefully read the rules for the choice of horses for various purposes and think that the work would be fully as valuable without them for they are so meager and unsatisfactory as to constitute a glaring defect, while if altogether absent it would pass unnoticed.

The rules for judging of the age of the horse, however, are fully explained and illustrated by engravings showing that the author has practical experience in this matter. This feature of the work we most heartily commend.

The description of diseases is clear and concise and the therapeutic indications are quite full and accurate. This fact also is sparely illustrated by engravings. The number of remedies used is ninety-four and full instructions are given in regard to potency and dose.

The part devoted to materia medica occupies 122 closely printed pages and contains the characteristic symptoms of each remedy as used in the treatment of diseases of animals. These symptoms are ranged under appropriate headings, as in other works on pathogenesis. This part of the work is admirable and we think contains all that is at present known on the subject and deserves careful study. The advantages of this may readily be seen in the great success of the homœopathic treatment of the late epizootic. Homœopathic physicians and veterinarians having a knowledge of the materia medica were able to prescribe at once for this new and malignant epidemic and to distinguish themselves and greatly advance homœopathy in public estimation by promptly curing their cases.

Following this part are a couple of pages giving brief instruction in reference to medicines that may be used externally.

To all this is added a glossary of technical terms used. This and the index are well filled but still we would recommend the addition of many words which might not perhaps be needed by an M. D. but would be absolutely necessary to the convenience of the laity. Instances might be mentioned but we trust the publishers will attend to these wants. To physicians, however, these objections are of no consequence.

EXCHANGES RECEIVED.

THE MEDICAL RECORD, a semi-monthly journal of Medicine and Surgery. $4 per annum. William Wood & Co., 27 Great Jones street, New York.

In the last number of this journal we notice in the life insurance department an article "Medical Examiners should forward their certificates to the Home Office." We heartily concur with the writer and not long since we expressed such views to the state agent of a company doing business here. Lately we had occasion to look over a copy of certificate as supposed to come from us, the applicant having died in the interim. In this case we found the certificate had been, to speak mildly, misunderstood and incorrectly copied, and an expression intended to be a key to the quality of the risk was put in another connection and conveyed no such meaning as in the original case. When an examiner has a dishonest solicitor to examine for he will appreciate the value of a change in the method of forwarding certificates.

THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, edited by B. F. Dawson, M. D., standing physician of the New York State Woman's Hospital, out door department, chief of the clinique for diseases of women and children in the medical department of the University of New York. Associate editor, Paul F. Munde, M. D. William Wood & Co., New York. Quarterly $5 per annum.

"Honor to whom honor is due" would give to this journal the credit that has been reaped in an unsatisfactory manner by our trans-Atlantic cousins. We noticed in a former number of this journal a valuable article (so valuable some friend has appropriated it) upon artificial dilatation of the rectum for exploratory and operative purposes, translated from the German by a former pupil (P. F. Munde) of the author. A very brief abstract of this article has been going the rounds of the medical press, while if the profession had at once been informed where it could be found they would have conferred a favor upon their patrons. We delayed a suitable notice of this valuable paper hoping to be able to give an abstract but the great space necessary will prevent. The author, with a hand measuring, we think, twenty-one centimeters, passed the hand up the whole length of the rectum, the patient being under the influence of chloroform. This he calls the *bloodless* method in contradistinction to the *bloody* method, in which he makes slight incisions through the raphes of the sphincter. For full details we refer our readers to the number containing the original paper (the May number of present volume we think). The value of this means of diagnosis in diseases of the fundus of the uterus and of the ovaries are at once apparent and we hope to see the profession make use of it since it is not dangerous and is very simple. Its value for operations in fistulæ hæmorrhoids, etc., are also apparent.

BOOKS AND PAMPHLETS RECEIVED.

Proceedings of the Homœopathic Medical Society of Ohio. Eighth annual session, at Toledo, Ohio, 1872.

"New York City Ring," by S. J. Tilden.

"The Dependence of Life on Decomposition," by Henry Freke, M. D., T. C. D., M. R. I. A., M. R. D. S., etc., etc.

"An Appeal to Physiologists and the Press," by Henry Freke, M. D.. T. C. D., M. R. I. A., M. R. D. S., etc., etc.

"Some Thoughts on the Nutrition of the Sick, by J. S. Hawley, A. M., M. D., Brooklyn, New York.

Catalogue of the Officers and Alumni of the Bellevue Hospital Medical College, 1861—1871.

A new Journal, the "Curopathist," a monthly homœopathic magazine, hailing from Indianapolis, and edited by J. T. Boyd, M. D., cries for admission to our ranks. Here is our hearty welcome and right hand of fellowship. Room for more.

Personal.

[We will feel obliged to physicians who send items for insertion under this head.]

REMOVALS.

P. J. CROMWELL, M. D., from Cleveland, Owego county, New York, to corner of Cottage Grove avenue and Thirty-first street, Chicago, Illinois.

A. L. ROSENBERGER, M. D., from Carey to Leipsic, Ohio. Good locations may be ascertained in Ottawa and Putnam counties by addressing the doctor. Carey is also now in need of a good homœopath.

Professor G. O. SPENCE, from Salem to Cleveland, Ohio.

C. C. OLMSTED, M. D., from Fond du Lac, Wisconsin, to Cleveland, Ohio, in partnership with Drs. Schneider and Biggar, the former of whom has gone to Europe to recruit his health and examine the hospitals there.

D. H. BECKWITH, M. D., having returned from Europe, will resume the practice of medicine in this city. The doctor will give special attention to diseases of the throat and chest.

N. SCHNEIDER, M. D., is spending the summer in Europe in hope of restoring health lost by over work.

M. H. MILLS, M. D., entered a life partnership with Miss Sylvia Bradford, June 26th, 1873.

OBITUARY.

Dr. JOHN CLARK, of Berea, died at his home September 6th. He was born February 13th, 1794, near Belfast, Ireland, and emigrated to America in 1846, settling in Medina county the next year. He had been in the active practice of his profession since 1820, until within the last few years an allopath but afterward a homœopath. He was one of the most active business men in his community, always foremost in any enterprise promising to benefit the place of his residence.

THE OHIO
MEDICAL AND SURGICAL REPORTER.

VOL. VII.] NOVEMBER, 1873. No. 6.

PHYSIOLOGY AND PATHOLOGY OF MENTAL ACTION.

BY M. B. LUKENS, M. D.

We study the corporal system for the purpose of understanding its organic functions. It is desirable to be acquainted with the unimpared function of each organ so that we may know when the impaired condition sets in. This is one of the principal uses of physiology. As to the mode of pursuing this study scientists differ but little.

As science advances physical derangement becomes more easily detected—and I may say more easily set right—while the mind, the living, conscious being is allowed to suffer on without remedy. In fact, it is now admitted and experience proves that mental derangement is preeminently a disease of highly civilized life; yet there have been examples of it in all ages and grades of civilization, from the most ancient demonology down to the present time. The older and wiser the world becomes, the greater the increase of this fearful malady; and it seems strange that civilization, which is solving all problems, unraveling all mysteries, explaining all theories, in short, overcoming all difficulties in the arts and sciences, philosophy and literature, or at least is carrying them to a high state of perfection, does not tend toward the abatement of this dreadful disease. This age no doubt is an epoch in which there are being accomplished wonderful deeds: an age which the future ancient historian will characterize as a *fast* one, one which will be noted for its lightning thought and daring execution which more than equaled the machinery of the mind; therefore mental failure and decay. It is to be hoped that along with the other perfecting sciences that of the mind is making rapid strides toward perfection also. It is to be hoped that the time is not far distant when mental investigation will be stripped of that vagueness and uncertainty which now characterize it so that we shall be able to rejoice in a positive mental science. As yet, scientists have not been able to do this. Philosophers from the earliest ages have been trying to mature a system from which there can be no departure.

We are abundantly blessed with theories the result of great travail on the part of great thinkers. These theories are rendered naked of their scientific aspect by conflicting theories equally plausible from equally wise minds, who have tried to enlighten the world upon the same subject. Thus has theory supplanted theory for the last twenty-four centuries, each in turn having its day and its adherents.

It is true that the "gist" of the philosophies now in vogue has been maintained from their inception by Plato and Aristotle, the discrepancies lying mainly in the way the doctrines were understood. It will be foreign to my purpose to enter into a detailed account of the different schools of philosophy. I will simply say upon this point that the mental characteristics of the two fathers of philosophy would naturally beget just such systems as they did. Plato, the father of the German school, was a man of very ardent, confident and ready nature, whose knoweledge seemed to gush up spontaneously; having a large amount of imagination in his composition. He maintained that the mind is created with innate principles or ideas, from which all knowledge is generated. He did not troubleh is mind with external things as a source of knowledge. Aristotle, the founder of the British school, was a man of quite a different temperament. He was cool, cautious and plodding; he gained his knowledge by research and investigation, he took nothing for granted but proved all things. He maintained that the human mind is created without any ideas or knowledge whatever and is incapable of originating any without the aid of the senses.

He believed in going away from home to get knowledge. That is, ideas were generated by seeing, hearing, feeling, smelling and tasting. The mental habits of Plato were characterized as subjective and those of Aristotle as objective. This distinction has been kept up by the followers of each down to the most modern times. We are glad to know that objective reasoning has gained the day and is now universally adopted all over the educated world. In the natural sciences it is now triumphant. It has become incorporated with the classical writings of our language upon physical and medical science, physiology, natural theology etc.

Now, to get a genuine knowledge of mental phenomena the mind must be studied from the same stand point. It is not enough to study the mind either in its healthy or abnormal state, by interrogating self-consciousness alone, "to draw from thence empty ideas as a spider forms a web from its own substance." The mental philosophies which have thus far blessed the world are the emanations of those who have been content to enter within, there to contemplate themselves and the result of the observations of their own thoughts and feelings carefully written out, which they intended should enlighten the world upon the nature and functions of the human soul. These productions have had their day yet they form links in the chain of investigation which are of untold value to the pursuer after untold knowledge.

Mind and matter must be studied together; the barrier between the psychical and physical natures must be broken down and the mental sciences upon which we are to build hopes must be based upon the investigations of physiology. A psychology built upon any other basis is false. Yet we have such writers as John Stuart Mill to oppose this physiological doctrine. He disparages this method with all his wonderful power. This method of viewing the soul's operations has been slowly and cautiously adopted. The mass of thinkers shook their heads until very recently. It was considered dangerous to meddle with, especially by religious dogmatists, who thought it had the odor of materialism or skepticism or something else, they knew not what. But I believe that honest, conscientious, scientific investigation must be respected and the results if found true should be adopted, even to the shaking of religious creeds. The mind, which is the highest evolution of nature's developments, is the most difficult object of human study and it becomes those whose business brings them in contact with impaired minds and whose calling it is to heal those conditions to study the mind in the most natural and successful way. To do this, the metaphysical spirit must be got rid of and the physiological must be adopted. We must study the mind in connection with the corporal system, and this we will designate as one division of the objective method.

The first inquiry that would naturally arise is What is the mind in a physiological sense? We can answer this only after observing mental phenomena. We know that the mind is a natural force which cannot be observed, handled or dealt with as a palpable object. Like other natural forces, as electricity, gravity, etc., it is dependent upon matter as the condition of its manifestation.

It is established beyond doubt that this matter is the nervous structure. It is the organ of the mind and every mental phenomenon is a function of this nervous structure. Attending every display of mental power is a change in the material *substratum*, either molecular, chemical or vital; and chemical analysis of nerve extractive testifies to change or waste through functional activity, for there are found as products of a retrograde metamorphosis lactic acid, kreatin, uric acid and the fatty acids; as the formic and acetic acids. These products are much like those found in muscle after functional activity. Thinking and moving, then, produce retrograde metamorphosis of organic element. The display of energy, be it mental or physical, is at the cost of highly organized matter, which passes from a higher to a lower grade of being, and the retrograde products are, so far as is at present known, very nearly the same.

We recognize as the product of metamorphosis of nerve an increase of phosphates in the urine after prolonged mental exercise. We can account for the breaking down of the brain in excessive mental work only by supposing that every idea is accompanied by a correlative change in the nerve cells. Physiologically speaking, the mind, then, is the energy displayed in the change of nerve element.

Every one knows that in the begining of life this energy is very limited. The infant displays very weak mental manifestations, but it is noticed that as the organization becomes perfected the intelligence is proportionately increased. The brain differs from the other organs of the body at this early period in the respect that it is not capable of all the functions to which it afterward administers, but its high special functions in man are developed only by long and patient education.

The same gradual progress which is exhibited in the development of this organ is witnessed also in the development of our intelligence. We witness as an every day experience that the mind grows with the brain and strengthens with its strength. A strong proof that the innumerable nerve cells which form so great a part of the brain structure are the center of functional activity is the knowledge which we have of other organs and tissues of the body. It has been demonstrated by experiment that the centers of nerve force situated in the different parts of the body administer to the organic action of the different organs; as the heart, lungs, intestines, etc. And may we not infer that the ganglionic cells of the brain which are not amenable to observation and experiment have like functions? Now, as these nerve centers are constantly generating force, they after a time become exhausted if they do not take in, in one way or another, as much as they give out. So, to keep up the equilibrium, they receive material from the blood, which they assimalate or make into the same kind as themselves. The same process is made use of to supply the waste of the body, which is constantly taking place from exercise.

It is not my purpose in examining the mind in conection with the body to explain the nature of this connection nor to explain the essence or material of the mind. I leave that part to those who are more ontologically inclined. Science has not thrown sufficient light upon the subject for me to venture upon the task; but by studying the mind in this connection more rational and satisfactory conclusions can be arrived at with regard to the mind's sanitary condition than in any other way. Physiology is limited in its teachings with regard to the mind. It soon leads to the line between the known and supposed. The tendency of this science is toward materalism when we depend upon it alone to investigate the mind. The discoveries thus far which have been made in physiology stop just where it teaches that the mind is the result of organized matter. Because of this how many there are who adopt the doctrines of the materalists; just as if these physiologists had settled the matter of the mind's connection with organized substance for all time and eternity; just as if there were no appeal from the speculations of the independent thinkers that now and then arise.

In 1698 John Locke issued his renowned essay upon the "Human Understanding." He was a genius of the order, which, like angel's visits, appear but rarely in this world, perhaps not oftener than once in a century. In this attempt it was his object to break down certain doctrines which were flooding the schools with error and in his effort to accomplish his purpose he taught more of a sensational or objective philosophy than a rational or subjective one and because the objective or sensational part seemed to be the most prominent his followers laid exclusive hold of this and not having mental caliber to keep up the equilibrium of thought were led away into skepticism or deism. Of these we will mention the names of Hume, Collins, Shaftesbury, Bolingbroke, Voltaire and Rousseau. Some passed into materialism, as Dr. Priestly.

Another century plant by the name of Herbert Spencer has since been produced. His writings smack strongly of materialism but it is too early in the day for his followers to grasp exclusively the materialistic or any doubtful part and by pursuing it stray from the track of thought followed by the great author and thus run into some absurd, explodable theory, as has been the fate of all scientific quacks. It is not my intention to defend philosophy against materialism. Only those who have gone beyond the confines of the known and are wandering in the realms of the unknown and have built their theories on speculations hold the materiality of the mind.

I am inclined to consider Mr. Spencer as taking no decided ground on the side of materialism or any other dogma but since he is searching after truth he would be ready to adopt or abandon this or any other theory which his investigation would warrant. The time is coming, may be, when this matter will be settled beyond criticism and should the mind be demonstrated to be material, as is the case with other natural forces, it will then be time to acknowledge it. This would not, as is supposed by many, necessarily invalidate the claim of the mind to immortality, if the doctrine of the eternity of matter be true. If matter is eternal and mind is matter why may it not be eternal? If mind is matter, it must differ from any with which our senses are conversant. It may be matter of so refined and ethereal a character as to be independent of this gross, visible, organization. It may be so refined that the dissolution of the visible body may have no power to destroy it but only to free it from the grossness which encumbers it and send it forth on freer wing, to higher planes of existence. The question of the mind's immortality does not necessarily hinge upon the question of its immateriality.

I will remark briefly upon the pathology of the mind. We have said that physiology teaches the intimate relation between mind and body; also that the brain, like other parts of the body, is subject to a double metamorphosis of waste and repair. It is upon the regularity and perfection of these changes that hang the well-being and the preservation and integrity of its functions. Diseases, whether they be of the body or mind, are nothing more than perverted physiological action.

Diseases of the brain, above all others, are complex and obscure. They make their approach insidiously and their antecedent symptoms are rarely detected. On account of ignorance the brain is permitted to be in a state of undoubted disorder without exciting attention until some frightfully dangerous symptoms are manifested and then, and not till then, is the actual extent of the mischief appreciated. Other deviations from health are not generally so neglected. In affections of the stomach, liver, bowels, lungs, skin etc. the first symptoms of approaching disease are in most cases immediately observed and assistance is called without delay. But, when the brain is implicated and the patient complains of headache, associated with some slight derangement of intelligence, disorder of the sensibility, illusion of the senses, depression of the spirits, loss of mental power; are not his symptoms too often passed by and misunderstood instead of being recognized as indications of cerebral disorder requiring the most energetic and skillful treatment.

There is a prevalent notion that many of the more fatal forms of cerebral disorder are suddenly developed. It is natural that such an idea should be entertained even by educated professional men, whose attention has not been particularly called to this class of diseases, especially when the patient is apparently in usual health up to the time of his attack.

A man apparently in the full vigor of health, mingling daily with his family, engaging in the active pursuits of life, while entering his carriage or entertaining his friends at dinner falls in a state of unconsciousness (the effect of cerebral hemorrhage) and quietly breathes his last. A medical gentleman of known reputation, to all appearance in good health, came home at his usual time in the evening and after partaking of refreshments fell suddenly to the floor, was taken up insensible, in which state he remained till he died. A minister, to all appearance in health and vigor of both mind and body, while in the midst of his sabbath discourse was suddenly transformed into a raving maniac. A lawyer and judge after partaking of a hearty meal fell across the threshold of his door as he was passing out for a prominade, was taken up insensible and lived but a few minutes. I could give many more that have fallen under my immediate notice. Physicians can doubtless recall many such cases within the scope of their own observations and in no case could there be any appreciable incipient stage discovered. After investigation there was found no satisfactory evidence of precursory symptoms of cranial disease. The attack, whether of apoplexy, acute softening of the brain, paralysis, epilepsy, meningitis, cerebritis or mania, had all the characteristics of a sudden and unexpected seizure. In all these cases the remote cause lies in the brain as an inherent infirmity and the cause was not the production of a moment but of longer standing, covering, perhaps, months or years. There were doubtless symptoms all along from the commencement of the disorder but they were unrecognized by both patient and friends.

It is a common error to assign some shock or calamity as the efficient or adequate cause of the outbreak whereas the real cause lies back in the constitution, while a long line of influences has been at work to impair the cerebral vigor. The broad result established by pathological observation is that morbid changes met with after insanity are such as affect the surface of the brain, and the membranes immediately covering it. These alterations of structure are usually the result of long continued irritation, capillary congestion, inflammation, and toxical agents in the blood.

The morbid conditions of acute mania are great injection of the pia mater, with spots of ecchymosis, more or less discoloration or softening of the cortical layers; the discoloration being in red streaks or stains, with spots of extravasated blood and the softening being of a violet or pink color.

I will mention a few causes by which mental health is destroyed. Defective nutrition is a very prominent cause. We have said that thought is accompanied by a change of nerve element. This change presupposes a process of nutritive repair, if the general health is kept intact. If the supply is not equal to the demand impairment must inevitably result. The causes of defective nutrition are various but the most common are improper food, mal-assimilation, and sexual excesses. The effects of imperfect nutrition are seen after death in the shrinking of the brain, also in the derangement of structure, which the microscope reveals.

The urinary products of gouty persons remaining in the blood act upon the brain so as to produce an irritability of mind which they cannot prevent. If this is not arrested by remedial agents it is liable to pass into maniacal excitement. In like manner suppressed discharges, the morbid products of fevers, the organic poisons generated in the system by small pox, syphilis, etc. if not promptly eliminated often cause nutritive perversion of the brain.

I will close by mentioning a few symptoms by which early mental derangement may be detected. It is doubtless a very difficult matter to tell where sanity ends and insanity begins, so imperceptibly does the physiological function pass into the pathological. But as this transition is taking place there are sufficient outward manifestations which the watchful physician can take note of. One of the warnings that a pathological condition is taking place in the cerebrum is a failure of power to give attention and loss of memory. When an individual loses his customary power to keep his mind upon a subject, forgets the names of familiar persons or objects or is unable to make numerical calculations with accuracy or oddly transposes his words in conversation, softening of the brain or apoplexy is indicated. Slight deviations of the features, as the trifling elevation of an eyebrow, the drawing aside the mouth a hair's breadth and the faltering of speech are symptoms of an advance of paralysis. Preternatural acuteness of the senses, causing exaggerations of sight, hearing and smell, is the frequent precursor of mania. The sensibility is not only exalted so that the individual sees, hears, feels and smells more keenly than in health but it is often vitiated, he sees double, agreeable odors becoming disgusting and pleasant tastes offensive. Whatever may be the bent of the character, it is in the deviation from it that we are to find evidence of morbid action. It is necessary to understand the characteristics and habits of the individual while in a healthy state so as to be able to judge of his habits and characteristics when abnormally affected.

It is very necessary to study closely the symptoms as they occur in the early stage of mental disease for it will be found that they can be met and counteracted by agents which exist in the materia medica.

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The American Artisan gives an instance in which typhoid fever attacked one half the families that used milk from a certain dairy. On making an investigation it was found that the cows drank water from an old underground tank of wood which was decayed and water from which doubtless found its way into the milk cans in other ways than through the udders of the cows.

GENESIS OF PHYSIOLOGICAL VACCINATION.

Proposed by Sir A. von Kaczkowski, M. D., and carried into practice by Sir Isydor von Czaykowski by physiological provings on sheep, 1862-70.

TRANSLATED FOR THE REPORTER BY J. PETTET, A. M., M. D.,
CLEVELAND, O.

[CONTINUED.]

Homœopathic Vaccination as a Positive Preventive against Small Pox.

As already said, since my conversion to homœopathy after practicing allopathy twenty years, I have discontinued the usual vaccination from arm to arm or with cow pox lymph and instead have given potentized vaccininum internally, the good results having been seen by the children's parents in their own or other families. After later experiments with far surer results I have exhibited *variolinum humanum* in the 3d trituration, also in the 6th dilution, as a positively certain preventive against small pox.

In public session of the Central Association of homœopathic physicians in Dresden (1869) I gave an outline of this subject, which may be found in the *Algemeine Homœopatische Leipziger Zeitung*, vol. 79, p. 173, with the result that not only several of my esteemed colleagues adopted a secure manner of proceeding, but our Nestor, Dr. Constantine Hering, in November, 1871, wrote me and my friend von Czaykowski requesting that we should send him some *variolinum humanum* and *variolinum ovium.*

" Dr. von Kaczkowski, Lemberg.

"Respected Colleague :—Induced by a severe epidemic of small pox to read every thing of an earlier date in reference to the disease, your article in 1869 in Dresden was very interesting to me. You will see from an article "Mustard in Small Pox," which it is to be hoped Veit Myer will soon publish, that I consider the *Rhodan* combination (sulpho-cyanates) far the most valuable. *Variolinum* will first be the appropriate remedy, especially before and after *sinapis nigra.* I venture the urgent request that you will send me some of your *variolin,* a very low potency, and especially also some *variolinum ovium.* I have also taken the liberty of writing about this matter to " the apostle" Sir Isydor von Czaykowski and will be very glad if I can incite the esteemed gentleman to further research. Sesqui-sulphate or sesqui-chlorate of iron (sesqui-chloride ?) in solution dropped upon sheep's saliva reddens it and thus shows the presence of sulpho-cyanic combinations.

Sound sheep always have this in their saliva. In several diseases every trace disappears, probably always in sheep pox. Now the question is whether the pock matter of sheep is reddened. If we take variolin from man we should test it chemically every time, *i. e.* treat a few drops with the sesquioxyd of iron salt. *Vaccininum* appears to contain no sulpho-cyanate, hence this remedy is very uncertain, vaccination thereby becomes superfluous and we have the treatment of variola fully under control. Provings with *natrum sulpho-cyanide,* or the *Rhodan sodium* provings with *sinapis nigra* and *alba* and provings with *variolinum humanum* and *ovium* will pave the way. * * * * Yours, &c.,

C. HERING."

"Sir Isydor von Czaykowski.

Highly Respected Sir :—Since I am writing to our colleague Dr. von Kaczkowski I consider I am under obligations to thank you for the valuable researches which according to his account you have made with sheep pox. At the same time I venture to ask that you will through our colleague Kaczkowski accomodate me with some sheep pox lymph in a vial with alcohol.

In all diseases of sheep the saliva should be examined. When in good health the saliva collected on a linen band or white blotting paper is reddened by ferric salt in solution. Whether this reaction disappears in man before the small pox or its appearance would be a valuable inquiry, further, whether the lymph of sheep pox would be reddened by the same salt. With little trouble a great number of such tests could be made on sheep. Also, to know whether this reaction again appears with convalescence and when, would be valuable. * * * Yours, &c.,

C. HERING."

The contents of these two letters show us the extent of the homœopathic vaccination. It would certainly be in the interest of our science and of suffering humanity to find more colleagues and partisans of homœopathy who will undertake an unprejudiced and conscientious re-proving of the results obtained by me on man and by my friend Isydor von Czaykowski on sheep, with the object of establishing the full correctness of their results or of disproving the same. My method of vaccinating homœopathically is as follows :

Rendered wise from sad results in my allopathic practice, I determined not to vaccinate my only son (born in October, 1853) but to give him the vaccine internally, as I have given directions for above. Since that time I have as closely as possible watched the record of four hundred children on my list who were vaccinated homœopathically, from which it appears that a girl suffered from numerous varioloid pustules at seven years of age, four years after her homœopathic vaccination, but under homœopathic treatment recovered without a mark. Another, three years after being thus vaccinated, was taken with the black pox and died, while other brothers and sisters remained free from it under the exhibition of *vaccininum.* In the present epidemic in Vienna two children who had moved from Lemberg after being thus vaccinated were taken with the small pox and treated by telegraph and letter with the best of results. *Aconite, apis, mercurius* and then *variolinum* were given. The two older girls, vaccinated allopathically in childhood, received *variolinum* from the beginning and remained free from the small pox.

The mode of my initiatory homœopathic vaccination is as follows : First, I procured some primitive cow pox, made according to rule, the 1st, 2d and 3d triturations, from this the 4th, 5th and 6th dilutions and with these medicated the pellets. But a maiden thus vaccinated became very sick with small pox two years after and a second died with the black pox. I then began to use *variolinum.* This I took from an unvaccinated girl of eighteen years, who, of strong physique and healthy parentage, had been taken with small pox.

The psora theory may have many opponents but still I am of the opinion that it has great importance and that not only in the form of real itch but as a peculiar force in the human organism, and no inquiring physician will deny that every man possesses a certain force or dyscrasia in a greater or less degree. Therefore every morning and evening for three days I give three pellets of sulphur (30th) to every child about to be vaccinated in this manner. If the child is nursing I give the mother the same medicine with instructions to observe a strict regimen. Now, I allow the medicine to act four or six weeks. If no eruption on the skin and no glandular swellings appear then I give to the child alone or to both mother and child three pellets of *variolinum* morning and evening for three days. It is to be understood that the child must not be exposed to dampness, cold nor draughts of air, that it cannot be bathed, that it must be well nourished and in pleasant weather may be allowed to go out or be taken out.

In seven or eight days there can generally be seen an alteration in the child, often a high fever; in such a case I give only *aconite.* At this time or later under the epidermis may be seen several large red points which itch, become altogether pale on the following day and in eighteen or twenty days the skin peels off and the homœopathic vaccination is complete. I have the newly formed skin anointed from head to foot with warm sweet oil two evenings. After twenty-one days the convalescent can fearlessly get up and after a few days take a tepid wheat bran bath.

Cases of severe quinsy or angina never occur; should they ever do so every physician knows how to handle them according to the totality of the symptoms. I would caution, however, against clothing too warmly and would advise not to vaccinate such children as have milk crust, scald head and other eruptions or glandular indurations until after they have been removed by homœopathic treatment.

If small pox is in the vicinity or in the house there is no time to give sulphur to cure the disease. In this case immediately give *variolinum* to every person as a prophylactic in the above mode, for if the contagion has already entered the organic fluids *variolinum* no longer protects but only ameliorates.

If I am called to a patient in whom the small pox is already in evolution I give *apis* 30th and *mercurius solubilis* 30th in alternation every hour during the day and desist during the night. Evenings during the higher fever give *aconite* 30th, and continue this treatment from three to five days. When the pustules are already swollen I give *variolinum* (6th dilution, if torpid the 3d) in water for the day. The pustules begin to shrink after the second dose, soon crust over and fall off without marks. I have the sick room aired twice a day in any weather, the patient only lightly covered in order to prevent any needless sweating. The first eight days let the diet consist of milk, barley, rice, sago, beef or chicken soup without parsley, onions, celery and spices, and let the drink be fresh water with sugar or raspberry juice. With the beginning of the drying up I permit stronger, easily digested food.

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The medical department of the Boston university opened its first course of lectures on the fifth of November.

Dr. Fontaine, of Spencer, Mass., has been held in $2,000 bonds for manslaughter in causing the death of a child by using small pox virus for vaccination instead of vaccine matter.

II.

Sheep Pox Lymph given inwardly as a Prophylactic against Epidemic Sheep Pox; or, The so-called Homoeopathic Vaccination instead of the usual Inoculation on the Tail, as reported by Isydor von Czaykowski.

The lymph or fluid is gathered from the vesicles on the eighth or ninth day, according to circumstances. The already filled vesicles are opened with a lancet and the fluid collected in a vial by means of a small horn spoon or a lancet. This, corked air tight and sealed in a tin box, is buried in a dry part of the stable (in failure of this it easily spoils) and thus can be used the next year for vaccination again.

As for the preparation of the lymph for inward administration as a preventive of the epidemic sheep pox I have used the following directions of Dr. A. von Kaczkowski.

The lymph collected as described may be used either in trituration or dilution.

If we wish to preserve the primitive lymph in alcohol we must first weigh the vial and cork, and after filling with lymph weigh it afresh (thus any definite proportion of lymph can be added to any given quantity of alcohol) the bottle is then to be shaken well for five minutes that they may be well mixed. Thus is obtained the first dilution.

[The author here describes his method of preparing the triturations and dilutions, which is according to the decimal scale. He triturates and dilutes directly from the lymph, but also uses the third trituration as a basis for the higher dilutions, though he seems to have no preference, evidently being of the opinion that the properties of the pure lymph are not injured by contact with absolute alcohol. He preserves his preparations three or four years by corking, boxing and burying, thus securing protection from moisture, air, light and uneven temperature. When preparing potencies for administration he triturates 400 to 500 grains at one time but thinks it could not be done accurately in larger quantities.

The art of internal administration of sheep pox, or the so-called homœopathic vaccination of sheep as a preventive against the epidemic, most advantageous in the month of March till the middle of April.

If the flock is not too large every head will receive a fixed dose, in the other case in proportion to the number of sheep you give a determinate quantity diluted in water, as follows: Of the 6th dilution prepared either from the 3d trituration or the primitive lymph[1] you place as many grains in a correspondingly sized glass, as there are sheep to be vaccinated and pour in as many measures of distilled or boiled water or water from the March snow, cork air tight, shake five minutes at intervals, and, where the number of sheep is small, give each single head, from a small glass, a tablespoonful three mornings on an empty stomach; in two hours a moderate supply of good food and an ample quantity of pure water. The sheep thus vaccinated remain four weeks or more in the stall, which is ventilated daily. If the number to be vaccinated is large, place in a clean new bottle as many grains of the 6th dilution as there are sheep to be vaccinated, upon this pour a corresponding number of measures of distilled or boiled water or water of the March snow, shake well for five minutes by intervals, pour this mixture into a tube or trough filled with fresh, clean water, stir for five minutes till the fluid is well mixed, then lead the whole number of sheep to the trough and let them drink it; so proceed three days giving the food and drink as above.

a. The common as well as the homœopathic vaccination will do best in fine weather about the second half of March and if the weather be cold the first of April at the latest.

I make the common and the Homœopathic vaccinations at the same time and then the results of each method can be investigated and the advantages made plain.

b. The sheep vaccinated must be kept in the stable, which is aired morning and evening and kept clean, observing an even temperature and avoiding draughts of air.

The process generally lasts four weeks, sometimes longer.

c. The homœopathic vaccination can also be performed with good results in the summer, but especial care must be taken that the flock be not driven out to pasture in severely hot or rainy weather but kept in the stable and fed a moderate amount of good fodder with plenty of pure water, else the development and process of the vaccination may be destroyed.

d. Breeders who have not a supply of lymph for the usual vaccination, in the event of an epidemic, can give the lymph, prepared as above, to their flock as a prophylactic, in the summer as also in the fall or winter, and by strict observance of the above directions can in this way save their flock from this plague and themselves from severe loss.

e. In the time of an epidemic if the homœopathic vaccination has been made before the disease has shown itself in the stable, then it may be securely reckoned upon that the sheep thus vaccinated will remain protected from the epidemic.

f. If the epidemic has already appeared in the stable, it is advised that the unaffected ones be immediately removed to another stable; give the sound ones the preventive as above and the sick ones in the beginning *apis* and *mercurius solubilis* in the 6th dilution, one drop every two hours alternately for three days; in case of high fever give two drops of aconite in the evening. As soon as the vesicles have become fully developed on the skin I give the above preparation of the sheep pox morning and evening, one grain in a teaspoonful of water for three days. This disease runs a very mild course as can be seen from my *II Physiologico-pathological Proving* and which my friend Dr. Kaczkowski brought to public notice in his quarterly "*Polonischer Homœopath.*"

g. I do not recommend that the sheep pox lymph be used at the time of lambing as a preventive against the epidemic.

h. To the lambs of the preceding summer which are nine months old in March or April I give one grain of the sheep pox in the 6th dilution. To lambs born in the winter I give only one half the dose.

These are my physiologico-pathological experiments, which I scrupulously record, and by the interposition of my friend Dr. von Kaczkowski bring to public notice that owners and breeders of sheep may undertake provings in their flocks and in this way verify the correctness of my observations or else disprove them, and it may in the future have a great influence upon the welfare of man and beast.

From the oldest time the veterinary art has attracted the attention both of governments and people, especially because many epidemics made great ravages among domestic animals, injuring husbandry and commerce and bringing poverty on the land. It was now sought to remedy the evil in a scientific way. A veterinary institute was founded at the university to discuss the common and also the epidemic diseases and to investigate their treatment. The principles followed were directly in accordance with those of the "rational" school, venesections, setons, embrocations, purgatives and sudorifics, beside the whole array of allopathic pharmacy, but every one is well acquainted with the results which followed this so-called rational treatment of the old school. Veterinary surgeons are for the most part to be found only in large towns so that in the country the isolated farmer when any of his animals are sick relies upon self-help or that of his servants, because it is hardly worth the trouble to summon a veterinary surgeon when his fee and the apothecary's bill amount to more than the beast is worth. In epidemics among domestic animals a veterinary treatment is not to be thought of at all, everything will be left to Dame Nature or the veterinary police will order, for example, a method of quarantine by which the animals will be taken from their housing and kept in a remote part of the forest or in the open air under the supervision of an official overseer. This truly expectant method furnishes the sad evidence that nature can subdue disease in many cases without human wisdom and help, and on the other hand that she cannot withstand cosmo-telluric influences without human assistance.

Homœopathy has proved itself uncommonly successful not only in the domain of human therapeutics but also in that of veterinary medicine, and whoever doubts its efficacy should use it in diseases of animals without prejudice or preconceived opinion. It is generally known what ravages the rhinderpest or murrain makes among horned amimals. The allopathic veterinary system has shown itself no better in this pestilence than a stick, since the so-called quarantines have shown themselves insufficient, while homœopathy can offer not only positive preventives but it has shown by Dr. Setin's report, before the homœopathic congress of Paris, that he treated the rhinderpest with the best of results during its pestilential course in Belgium, Holland and England in 1866, in England with the consent of the government under the supervision of the government commissary so that official reports were published, countersigned by the government commission, of one hundred head which had the disease and of which he lost only twenty-five. In this report it was also stated that the government commission had only turned the diseased animals over to homœopathic treatment after the disease had already reached the second stage. How much could be saved if homœopathic veterinarians were employed by the government to treat this disease! Further remarks on this point are not in place here. I discussed the subject minutely in a monograph in the Polish language in 1866, at present I will confine myself to a few points more in reference to the sheep pox. It is known to every owner of large flocks what dangers menace his sheep when the pox becomes epidemic and the pestilence shows itself in his stalls. Half, yes two thirds of the flock perish, the remainder are spoiled for breeding, he has in allopathy no preventive or remedial agents, even inoculation according to the allopathic mode presents no guarantee against this disease, while homœopathy affords a positive preventive in the inward administration of the potentized lymph and in case the pox has already broken out in the stalls has a sure remedy and insures a safe recovery from other symptoms by the exhibition of the indicated remedies.

As the reader will remember, in the general discussion on human and animal pox I made three propositions:

(*a*) That allopaths should give the lymph of cow pox as a remedy to small pox patients according to the instructions of Dr. John Landell; (*b*) that homœopaths should give to those still unvaccinated small pox lymph in attenuation as a prophylactic and as a remedy to those already sick of small pox; (*c*) that breeders should give the lymph of the natural sheep pox to their sound sheep as a prophylactic and as a remedy to those already diseased.

I need not mention that the first proposition for allopathic physicians was greeted with compassionate shrugs if not sneers, the second I am sorry to say found no imitators notwithstanding that in my practice with the consent of their parents I vaccinated children homœopathically with the best results. As a result of the third proposition a single person in Poland has with the best of results given the homœopathically prepared sheep pox lymph inwardly to his sheep from 1862-71 instead of practicing the usual mode of vaccination.

These physiological provings I will now give as I received them, hoping that the method may be tried by others that they may be convinced of its merits. The manner of its preparation and the precautions necessary in its administration have been given.

First Physiological Proving.

My friend Isydor von Czaykowski reports as follows:

In 1850 I had the natural sheep pox in my flock but was at that time not versed in the salutary homœopathic method of treating domestic animals, therefore I in the usual manner inoculated those which were still unaffected. My efforts were fruitless, for they all took the natural disease, two thirds perished and the remainder were so diseased and miserable as to be unfit for further breeding purposes and I did not have another sound flock for seven years.

In the beginning of April, 1861, I inoculated five hundred sheep after the manner of my neighbor, Count Kazimir Wodziki, who is known as a standard agriculturist and careful breeder. The material was kindly furnished by him. The vaccination worked well. About ten had on the whole body, particularly around the mouth, under the eyes and on the flanks, pustules similar to the sheep pox, and were uncommonly feverish. I now for the first time trusted to the homœopathic veterinary art and gave the sick ones *aconite* and *arsenicum*, and later to those which were very weak thuja 6th. By this treatment the sick animals recovered in a short time, only one dying. In March, 1862, notwithstanding the inoculation of the previous year, the pox showed itself on most of the sheep with the difference that the pustules were very small and numerous. The sick animals did not lose their appetite, after ten days the eruption began to dry up and wither, and within twenty days the scaling off was completed without any medicine. About twenty had such heat and faintness they remained lying. The characteristic symptom was a lameness of the fore feet, they lost appetite but with the exhibition of *aconite* and *arsenicum*, the fever disappeared and under further treatment with *rhus tox.* they recovered. But I must state that April of the previous year was very much colder and the lambs now nine months old were still *in utero* in the above mentioned epidemic. I call attention to this circumstance because it may present a standpoint for useful observation and medical research.

I determined during this year to make both the homœopathic and allopathic vaccination with the lpmph collected the preceding year and after the following manner.

I parceled the nine month's lambs into two flocks and vaccinated forty-eight after the allopathic mode, on the tail, and with the best results. During the vaccine process the sheep had no reactionary symptoms, notwithstanding several had pustules like the pox, yet were lively, with normal desire for food and drink. I gave no medicine and had no bad results.

The second part, consisting of forty-two head, received the homœopathically prepared lymph. On the 8th, 9th and 10th of April I gave each head two drops of the 6th decimal dilution in half an ounce of water early in the morning on an empty stomach, observing the cautions given before. The symptoms were as follows:

Between ten and fourteen days, when in the usual vaccination the pustules are full size, a moderate fever showed itself in these, (homœopathically vaccinated) in the whole body and the eyes were reddened and the lids swollen. Every one had from two to ten pustules from lentil to pea size around the mouth ; on the lips, under the eyes, on the under jaw, and in the flanks were very small swollen glands under the surface of the skin, perceptible to the touch, the pustules presented an appearance similar to the natural pox. In from eighteen to twenty days from the time of the inward administration the pustules had become coffee brown and the epidermis around the same peeled off like dry tetter. The places thus left bare appeared the same as in the ordinary vaccination. A single head with numerous vesicles and high fever received in its feed *aconite* and *arsenicum* twice in alternation and the disagreable symptoms became mollified.

As a precaution for future observations and investigations I marked the sheep so as to know if they at any time should take the natural pox and to establish whether those vaccinated by either of these two modes should ever be subject to any disease in the pasture or stall. At present I can only affirm this much with certainty that those vaccinated according to your mode presented such symptoms as are analagous to the natural pox, *i. e.* a general fever heat always of a moderate type, pustules exactly similar to those of the natural pox but of small size, while those sheep allopathically vaccinated seldom manifest higher fever heat and besides the pustules on the tail seldom show any on the other parts. The question here arises whether the sheep vaccinated homœopathically shall in the future be free from the natural, the modified or even the chicken pox, which only the following provings can establish. Meanwhile let my present account warn breeders to use similar homœopathic vaccinations.

Second Physiological Proving.

In 1862 I repeatedly made the proving with homœopathically prepared lymph, according to your original method, by which I convinced myself that the inward administration worked surer and quicker by far than the allopathic mode. The case was as follows : October 28th, 1862, my neighbor A, von Kr—— informed me that the pox had broken out in his flock and several sheep were already dead. Being sick myself I sent him my shepherd, who is well skilled in the usual mode of vaccinating, as also in the administration of the lymph inwardly. The whole flock of sheep consisted of four to five hundred head of which seventy-five already had the natural pox. As a remedy I ordered that the 6th potency should be given these inwardly, two drops in an ounce of water morning and evening. Sixty head were saved and fifteen died. At this same time my shepherd vaccinated on the tail the three hundred and thirty yet sound. Inspection in ten days showed that the vaccination had taken in only one hundred and fifty and in the remaining one hundred and eighty there was no sign of vaccination. Now the one hundred and eighty received the 6th dilution inwardly. While we awaited its development the natural pox showed itself with a very moderate intensity in a few which had received the lymph inwardly.

The owner reports that he lost fifty sheep with this sickness, and of those already affected with the pox seven died before the beginning of the treatment by the shepherd; of the seventy-five already sick fifteen died; of the one hundred, in which the usual vaccination worked, five died; of the one hundred and eighty which received the lymph inwardly after the vaccination had failed and the natural pox showed itself, twenty-three died, or in the aggregate fifty. The death of the twenty-three out of the one hundred and eighty explains itself in that the disease was already too deeply rooted, the organism of these animals being poisoned, of which the best evidence is that the usual vaccination failed in one hundred and eighty, and afterward by giving the lymph inwardly the natural pox was brought to appear quicker, in nine days the whole one hundred and eighty without distinction showed *modified* pox vesicles on the skin, flanks, mouth and eyelids while the sheep remained lively, had a moderate fever but did not lose desire for food and drink. In my opinion this accident demands the clear conclusion that without doubt the lymph given inwardly gets the better of the disease, transforms it into a milder form and hence in the time of a prevailing epidemic recommends itself not only as a preventive but also as a cure.

In this connection I will mention that I prepared from the lymph collected in the spring not only dilutions in alcohol but also the triturations in *sac. lac.* and so (D.V.) I intend in the coming spring to make provings with each and let you know the results.

The cold winds of autumn, the severe weather, the sheep stalls of my neighbor not being well prepared for winter, and the too tardy exhibition of the potentized lymph to the already diseased animals must have been unfavorable. Therefore the animals seized by the natural pox had to die in consequence of the pustules on the tongue and lips as also in consequence of hunger and of the disease itself, and with all these disadvantages every rational breeder will acknowledge that the calamity here recorded gave a happy result, while under allopathic treatment, as happened to me in 1850, at least one half of the flock would have died. Finally must it be acknowledged that I was hindered by my sickness from personally conducting the treatment. By administering suitable homœopathic remedies I would certainly have succeeded in saving many head, while from a simple shepherd, on the contrary, I could obtain no accurate knowledge of symptoms.—*Inter. Hom. Presse.*

SYMBLEPHARON ET TRICHIASIS.

BY C. H. VON TAGEN, M. D.

[Professor of Ophthalmology and Otology, Cleveland Homœpathic Hospital College,]

R. W——, age twenty-eight years, a native of Scotland, some twelve years ago met with a very severe accident under the following circumstances: While engaged in pouring some molten lead into a damp cavity the hot metal rebounded and flew into his right eye, burning the ocular and orbital conjunctiva and cornea to such an extent that months of skillfully conducted medical treatment failed to prevent adhesions setting up between the two conjunctival surfaces of the lower half of the eye. The patient states that Professor Simpson, of Edinburgh, attended the case and after several months treatment improved his vision, which was seriously threatened at one period of his illness. The professor dismissed the case saying he could do nothing further.

A period of over eleven years has elapsed and there is now the following described condition present: the inner half of the lower lid is turned in (entropion), the cilia (short stumps and unusually stiff) are impinging upon the ocular conjunctiva, teazing and irritating it to such a degree that the entire eye is in a constant state of chronic inflammation. The lower puncta is drawn out of position so that the lachrymal secretions cannot pass through that channel. There is in consequence a profuse flow of tears over the cheek. The lower third of the cornea is in a state of pannus (opacity), the lower fourth being firmly adherent together with the lower third of the ocular conjunctiva to the inferior palpebral conjunctiva—in other words, the lower eyelid is bound down and adherent to the eyeball to the extent of the entire surface, extending over the lower convex border of the cornea. The eyeball is of course movable to but a slight extent and the vision of that organ much impaired. To use the patient's own words, the eye is almost useless to him.

I felt somewhat reluctant to undertake the case, for the reason that at this time I knew of no positive means by which to prevent adhesions from recurring after dividing them.

Mr. Wadsworth's plan of using a glass shield, perforated in the center for the pupil to look through, although promising relief, yet being very difficult to obtain, I concluded to dismiss this method.

Mr. Teale's operation of transplantation is recommended for moderate cases of symblepharon but is tedious and very difficult, too lengthly to describe.

The following is Arlt's method: draw the lid away from the globe so as to put the adhesions on the stretch, then passing a curved needle armed with a fine silk thread through the symblpheharon, close to the cornea, the adhesion is then to be carefully dissected off from the cornea and sclerotic as far as the retrotarsal fold. The symblepharon is then doubled down so as to bring its conjunctival surface in contact with the raw surface of the globe and the needles are then passed through the thickness of the lid close to the orbital edge and the sutures tied on the outside of the lid, so as to keep the symblepharon folded down in the required position. Cold compresses are then to be applied. When the conjunctival wound is healed the turned down symblepharon, which will by this time have shrunk away, may be excised, if it should prove irksome to the patient. The same objection is applicable to this method as to that of Mr. Teale's.

After many perplexing attempts to solve the problem I concluded to operate for the relief of the entropion first and then if successful make a second operation for the symblepharon. Accordingly I removed an ellipsoidal place from the tegumental surface parallel with and along the border of the affected lid, overlapping in extent the entropion, but to make the lid turn out I found it necessary to dissect away the symblepharon. The next step was to split the tarsal margin to a corresponding length with the tegumental incision and along the inner border, being careful not to wound the hair bulbs. The edges of the ellipse were now carefully approximated with very fine sutures, three in number. Like a flash the question occurred to my mind, Why could not the metal, lead, be made to subserve the purpose desired? I remembered in my early years of professional experience that sheet lead had been used to heal over tardy granulating surfaces, chronic ulcers, wounds, abrasions, burns, etc., and then, too, its weight would serve to keep it in position, being easily molded to fit the part. I acted at once on the thought, procured a piece of bar lead and carved out a piece suited to the part.

This was placed in position, the hemorrhage, which was free, being first checked, the lids were then firmly approximated and secured by means of narrow adhesive strips and over all this a roller bandage.

The patient went home and passed a comfortable night, feeling no pain from the presence of the lead. At the expiration of thirty-six hours I removed the dressing entire and upon examining the cut surfaces found them all I could desire. There was no evidence whatever of suppuration. The lead shield was replaced, the dressing reapplied as before described and allowed to remain forty-eight hours longer, afterward removed and the cut surfaces found so far healed that there was no longer any danger of adhesion setting in.

A simple local treatment of weak arnicated water completed the cure. The defective eye has become quite as useful in every respect as the sound one and at this present writing, now some six months past, there is no trace of the operation left. The entropion was also completely relieved, the wound on the lower lid having healed by first intention.

THE CHOLERA OF 1873.

BY WM. H. HOLCOMBE, M. D., OF NEW ORLEANS.

A pernicious gastro-intestinal catarrh reported as *cholera sporadica* prevailed in New Orleans from March to July. Like the great epidemics of the Asiatic cholera, it was preceded by influenza and followed by dysentery, although in a minor degree. But there were so many differences that the old experts of 1849-50 could not confound the recent epedimic with that terrible malady that is said to have originated on the banks of the Ganges.

There was no Asiatic cholera nearer to us than Central Europe and no recorded advance of it westward. Our disease was not imported by sea-going vessels nor brought by railways. It originated here and not on the river banks nor among the marine population. It did not spread from any one center or focus. The first five or six deaths occurred at points in the city far distant from each other. There was no sign whatever of contagion. There were multiple deaths reported from but two houses in the city. I saw thirty-one cases and every case was in a different house and in a different family.

My general skepticism as to the current and popular ætiology of diseases was strengthened by my observations of this particular malady. Cholera is said to be a disease of hot weather and the winter epidemics of northern Europe are ascribed to the dense heat and filth of over-crowded and ill ventilated rooms. Our disease began when the weather was cold and vanished entirely just at our point of extreme heat.

In three fourths of my cases no cause whatever having the least rational basis could be assigned for the attack. Make out a full list of all the supposed causes of cholera and with a full practice you can jot down case after case as having occurred under precisely the opposite conditions.

In leaving New Orleans it did not follow the main routes of travel. More cars and passengers ran from our city daily to Mobile and to Louisville than to any other point and those cities have escaped entirely. Nashville, which suffered sooner and more severely than other places, is entirely off the direct line from New Orleans and has very little communication with us. The disease, moreover, has passed by great cities, railways and river courses and fallen like a thunderbolt on sundry obscure and remote inland towns in the interior of Southern and Western states.

The causation of cholera is still an unraveled mystery and so will ever remain as long as ætiology is studied from standpoints exclusively physical and materialistic and the great spiritual *rapport* between man and nature entirely ignored.

There were two hundred and thirty-two deaths by cholera reported in the four months. But many of the three hundred and sixty-eight deaths reported during the same time as cholera morbus, cholera-infantum, diarrhea, etc., were no doubt with more truth to be assigned to the prevailing type—the pernicious gastro-intestinal catarrh. Why should more than a hundred deaths be attributed to cholera morbus in 1873 when only three deaths were reported in 1872 from that rarely fatal malady? The deaths by cholera infantum are reported as double those of last year, whereas the extraordinary comparative coolness of our summer ought to have made that disease less fatal than usual.

My impression is that the disease was of a very mild type and that the fatal cases were the wholly neglected ones or the result of outrageously bad treatment. Cholera, even the most malignant Asiatic, leaves the brain and mental faculties conspicuously clear and when you hear of cholera patients dying stupid and comatose, as I frequently did, you may suspect that their allopathic friends have caused or hastened their exit into the spirit world by opiates—kindly meant.

The symptoms were those of mild Asiatic cholera; very copious rice-water evacuations, intense pains in the abdomen, cramps in the extremities, frequent vomiting, prostration, cold sweats, cold tongue, feeble pulse, intense thirst, restlessness, etc. In a few cases there were incessant jactitation, a husky voice and venous suffusion of countenance. In one of my cases there was suppression of urine for thirty-six hours. I saw no genuine collapse.

One of the earliest things noticed was the failure of camphor to do what was confidently expected of it. Almost every patient had taken several drops of camphor every three or five minutes for a good while before I reached the bedside and nearly always without any appreciable result. This was surprising to them all. Every homœopathic family knows that camphor is one of the best specifics for cholera. Even the allopaths are finding that out. Dr. Ringer, whose therapeutics, well saturated as it is with homœopathic ideas, is the best allopathic book which has appeared in the last decade, gives Hahnemann's exact prescription for the use of camphor in cholera as if it were his own discovery. But camphor must fit the case exactly or it will be of little value; and this was not a camphor epidemic.

Champhor represents the sudden and rapid development of genuine Asiatic cholera. The symptoms which call for it are great muscular prostration, occurring simultaneously with mental apathy, coldness of the whole surface, hoarseness, stupor, intense anguish—and all before any great sweating, vomiting or purging has exhausted the system. It does not represent an extensive gastro-intestinal catarrh but rather a terrible shock to the great sympathetic nervous system and suits the congestive chill of malarious disease just as it does the worst form of Asiatic cholera, in which the case seems to begin, instead of ending, with collapse.

Now there might have been cases of that kind in this city which might have been saved by camphor but I saw none of them. The constitutional type of the disease, as it came under my notice, called especially for veratrum album; vomiting and purging of rice-water, cramps in the abdomen, cold skin, nose, face and tongue, cold sweat on the forehead, feeble pulse, etc., with no special rapidity of development in the case.

In every case I alternated veratrum 1st dec. with cuprum 3d cent. every five minutes, until the cramps and discharges ceased, which occurred in almost every case in from two to four hours. I enjoined the horizontal position, insisting even upon the use of the bed-pan for the evacuations. I allowed ice water to drink, frequently, but not more than a quarter of a common tumblerful at each time. Insisted upon the patient lying still and under moderate cover. Applied a mustard plaster over the whole abdomen in some very painful cases and in one instance, where the evacuations were of enormous size, gave injections of starch-water and laudanum with apparently good effect.

The difference between cuprum and veratrum seems to be this: veratrum affects the sphere governed by the great sympathetic, cuprum, the cerebro-spinal sphere. Veratrum has cramps predominately of the involuntary muscles; curprum predominately of the voluntary muscles. Cold sweating demands veratrum especially, while violent cramps call more loudly for cuprum. Either remedy may be used alone with excellent effect when clearly indicated; but in the cholera, the cerebro-spinal and the ganglionic systems are so often implicated together and act and re-act upon each other, that I thought it best to alternate the remedies, and the brilliant result has in my opinion justified the measure.

When you see cases of cholera of the genuine camphor type you may be sure that cases demanding arsenicum and even secale cornutum will present themselves. Arsenicum may be said to represent the reaction against the camphor-congestion. In other words, a case of camphor cholera slowly recovering will almost certainly call for arsenicum. And when camphor is rarely indicated in the beginning you will rarely find a demand for arsenicum.

In the late epidemic the characteristic symptoms of arsenic did not appear in any of my cases. Incessant restlessness and change of position; intense thirst, satisfied for a few moments by a small quantity of water; cold skin with great subjective heat; violent burning pain in the epigastrium, and discharges, not rice-water but frequent, scanty, and of a dark or yellowish water. It takes all these symptoms combined to make a true arsenic case.

I saw one case which recovered slowly under arsenic and carbo vegetabilis 30th attenuation, after veratrum and cuprum had arrested the rice-water discharges and cramps, but failed to advance the cure beyond that point. The patient was an old English woman and the symptoms remaining were retching without vomiting, dirty, yellow discharges, flatulence, huskiness of voice, slight discoloration of countenance, thirst, restlessness and fear of death.

The arseniate of copper—cuprum arseniatum 3d cent.—was found very useful in the choleraic diarrhea which has prevailed during the summer, in the disturbed condition of the bowels during convalescence from cholera and even in some of the dysenteric cases which prevailed on the decline of the epidemic.

For the stage of re-action after an attack of cholera aconite is unquestionably the best remedy. I put ten drops of the mother tincture into half a glass of water and gave two teaspoonfuls hourly. My experience with that dose has been so satisfactory that I have had no occasion to experiment with the higher attenuations.

In the one case in which suppression of urine occurred, I alternated aconite and sweet spirits of niter—a teaspoonful of the latter to half a glass of water and given in tablespoonful doses. The effect was very promptly obtained. In a worse case I would have dry-cupped freely over the lumbar region.

Abdominal neuralgias were very frequent during the prevalence of the disease. Cramp in the stomach, bilious colic, ovarian neuralgia, nephritic colic, lumbago and sciatica were prescribed for more frequently than before. Several cases were mistaken for *cholera sicca*, dry cholera, from the very violent and alarming symptoms, which proved nothing but intermittent neuralgia of the cæliac pluxus—promptly relieved by the subcutaneous injection of morphine and cured by a few doses of quinine.

I lost no case of the late pernicious gastro-intestinal catarrh, or false cholera, as I would term it. This is not at all surprising when none of the cases were of the very severe type, when they all occurred in patients in most comfortable circumstances and surroundings, when I was called in ample time to every case, and when the treatment was homœopathic. I do not believe that the most judicious allopathy, with all the same advantages, could have presented so fair a result.—*United States Medical and Surgical Journal.*

Olla Podrida.

The Cholera in Europe.

During the week from July the 10th to the 17th one hundred and ninety-one new cases of cholera occurred in Vienna, making, with two hundred and forty-eight remaining from the previous week, a total of four hundred and thirty-nine, of whom one hundred died. The greatest daily number of cases (forty-six) occurred on the 15th ; it then fell to thirty-one on the 16th and to fifteen on the next day. In one of the German hospitals from July the 4th to the 19th there were eleven cases of true cholera with four deaths; in the other sixty-five cases with nineteen deaths. A case of Asiatic cholera was reported in Berlin on July the 16th. In Breslau from July the 12th to the 15th there were six new cases and four deaths; nine persons remained under treatment. In Ratibor up to July 14th there were twenty-nine cases, of whom six died and seventeen recovered. In Warsaw the disease was reported to be daily spreading and becoming more severe. The number of new cases per diem varies from twenty to twenty-five. According to the latest official returns, two hundred and forty-seven cases of cholera had occurred in the districts of Dresden and Dolhen in Saxony up to July 14th ; of these eighty-six, or nearly thirty five per cent., had died. Dr.

Lehmann reports that the first three cases which occurred in the neighborhood of Dresden was on board a Magdeburg steamer arriving from Bohemia, where cholera was present, and he attributes the disease in those cases to drinking the water of the Elbe, which contained cholera germs. One of the three patients went to his home in Gorbitz and from there the disease spread to his family and afterward to the inhabitants of that and several other parishes. The two others were taken into the Dresden hospital and the women who washed their linen took the disease.—*British Medical Journal.*

Conception with Imperforate Hymen.

Braun (*Wien. Med. Wchschr.*, 1872) reports this condition in two cases, in which the impossibility of the *immissio penis* was evident. In the first, a woman in the last month of pregnancy, not even the finest opening could be detected in the hymen, which presented itself as a brownish yellow, flat membrane, with a tough epidermis. The vagina opened into the lowest portion of the urethra, 0.5 centimetre behind the urethral orifice, which was about as large as a hemp seed. The treatment consisted in dividing the membrane in the median line; a normal vagina was opened into, and the operation was followed by a successful labor. The second observation belongs to the class of *so called* imperforate hymen, in which the hymen allows the passage of at least fine probes. In this case, two deep lateral incisions sufficed to open into a wide vagina. It is stated of the last patient that she "menstruated regularly;" of the first this is also asserted and it is to be presumed that the blood was discharged by the urethral orifice.—*Centralblatt f. Med. Wissch.*, 1872.

Influence of Carbolic Acid on Pyæmic and Septic Infection.

The influence of carbolic acid in preventing pyæmic and putrid infection having recently been called in question, J. Rosenbach has experimented on dogs and rabits by injecting pus subcutaneously with or without the addition of carbolic acid. When freshly evacuated or decomposed pus was injected, phlegmonous inflammation, general constitutional disturbance, increased temperature, lasting several days, and finally death, resulted, while an injection with five per cent. of carbolic acid caused only the local formation of abscess without general symptoms. The addition of one-fourth per cent. had no effect; of one per cent. caused only slight constitutional disturbance. Pus which had become decomposed by exposure to air and had the odor of sulphuretted hydrogen did not seem to lose its general infecting power by the addition of five per cent. of carbolic acid.—*Centralblatt*, January, 1873.

Intra-vaginal Auscultation in the Diagonsis of Pregnancy.

An interesting paper on this method of auscultation was recently read before the Academy of Bologna, by Dr. Verardini. He concludes as follows:

1. Internal or intra-vaginal auscultation is of the greatest importance for detecting pregnancy during the first months. A characteristic bruit may then be heard if the instrument be pressed against the cervix uteri.

2. This method was first announced by Meygrier in 1825 and four years later was employed by Nauke but latterly has been brought into frequent use in England by Routh, who, in conjunction with the author, found that he was possessed of the means of recognizing both early pregnancy and placenta prævia.

3. If it be impossible to make a satisfactory diagnosis of placenta prævia during the early months of pregnancy it can always be determined during the later stages from the continuous bruit.

4. The utero-placental bruit, the indication that the fœtus is pressing against the uterus, is soft and prolonged, similar to that heard in aneurismal tumors when the stethoscope is pressed upon arteries. When once heard it can always be detected a second time.

5. It is important always to be sure that there is no pulsating tumor or artery in the neighborhood of the cervix.

6. The prolonged utero-placental bruit, which is distinctly appreciated during the first months, ceases at the commencement of the sixth or seventh month.

7. If other symptoms of pregnancy are present and this characteristic is absent the diagnosis will remain in doubt. It is, then, most probable that there is uterine disease; certainly, if there have been symptoms that pregnancy has at some time taken place, there must have been disease of the ovum, followed by death of the embryo or fœtus.

8. In making the examination the patient may lay upon the back or the side; but if in this position the accoucheur fails to hear any bruit then let him place the patient in the knee-elbow position and he will succeed without difficulty.

9. Internal auscultation is of great importance in practical and forensic medicine and in surgery. Early pregnancy can thus be diagnosticated and many possible errors avoided.

10. The name given to the instrument employed is the vagina-uteroscope. It can be made of various shapes and is usually of gutta-percha, to render it as light as possible.—*Allg. Med. Central-Zeit.*

Localization of the Faculty of Speech.

In a recent memoir on the localization of the faculty of speech in the anterior lobes of the brain, the eminent physiologist Bouillaud communicates to the French Academy of Sciences the results of his protracted researches on that subject. Some of the cases cited by him in the course of the memoir are extremely curious. In some instances, says he, the inability to speak is restricted to a certain class of words—certain proper names, for instance; in others it extends to all past events; in others, again, only prominent circumstances are involved; and so on. Cuvier tells of a man who had lost the recollection of all *nouns-substantive*, and who would construct his phrases perfectly and regularly, the places of the nouns being always left vacant. Some years ago, M. Bouillaud visited a patient whose vocabulary did not contain a single *verb*, but who, notwithstanding, talked with remarkable volubility: his language was, of course, perfectly unintelligible. Others are unable of their own accord to to write some particular word—*house*, for instance—though they can copy it when it is placed before them. A lady, forty-three years of age, was suddenly deprived of the power of speech, and entered the Cochin hospital; she heard and understood perfectly every thing that was said to her, but could not speak. She could express herself in writing, however, and thus it was learned that she suffered pain in the forehead. From these cases it follows that aphasia is produced by an incapacity to execute the co-ordinate movements requisite for pronunciation, and that it has nothing to do with loss of memory as to the meaning of words.

According to M. Bouillaud, these phenomena are produced by lesions of the anterior cerebral lobes. He claims that his theory is confirmed by the results of several autopsies, and asserts that, wherever he has had an opportunity to examine the brain of patients affected in this way, he always found the anterior lobes softened, inflamed and more or less profoundly disorganized. These views gave rise to a warm discussion when they were first published in the academy, and Flourens contributed an important memoir on the subject, in which he took the ground that while the cerebral lobes possess the faculties of will and perception, they do not co-ordinate movements, the latter function appertaining, according to him, to the cerebellum.

M. Bouillaud sums up as follows the conclusion to which he has been led in the course of his studies : 1. All lesions of the faculty of speech have their origin in affections of the frontal lobes. In some instances this lesion to the faculty of speech is owing to the fact that the coördinated movements requisite for *the pronunciation of words* cannot be executed. Therefore there exists in these anterior lobes a coördinating center for this description of voluntary movements. In other instances lesions of the faculty of speech have a bearing on the *words* themselves and not on the act of *pronouncing* them. Therefore there exists in the same lobes another centre without the co-operation of which speech is impossible.

2. When either or both of these conditions exist the faculty of speech may be injured or utterly lost, while all the other special intellectual faculties remain intact, and *vice versa.*— *Popular Science Monthly, November*, 1873.

Gelseminum in Gynecology.

H. V. Ferrel, M. D., of Carbondale, Illinois, in *The Clinic*, says: "In preparing for the application of argentum nitricum in endometritis it was thought advisable to employ gelseminum to relieve the excessive nervous irritability which rendered manipulation of the uterus next to impossible. I gave three 10 gtt. doses fluid extract gelseminum four hours apart and found the nervous excitability gone and the os uteri, which before was contracted and rigid, already dilated.

Was called in January, to see Mrs.—, for suppression of lochia, as alleged by two physicians already in attendance. Patient had been confined eight days previous, attended by a midwife, who in attempting to "clear her" had torn away the cord and part of the placenta, leaving the remainder. Present condition of patient alarming.

On making digital examination I find the os so contracted as to barely admit the tip of the index finger. I gave gelseminum and belladonna. Twelve hours after, found the patient easy; os dilated so as to admit two fore fingers which detached and brought away the retained portion of the placenta with membranes. Patient recovered without further trouble.

If this is one of the effects of gelseminum, either alone or combined with belladonna, its utility at once becomes apparent to gynecologists."

Is There Anything New in Specific Medicine?

We have some singular men in our ranks. They have never had an original idea and because they have failed in this experience they do not want to believe that others have been favored. * * *

When the doctrine of "Specific Medication" was proposed they ridiculed the idea and were loud in their quotations of the old medical saw "there are no specifics in medicine." As the doctrine gained strength they were not so certain about there being *no* specifics but they were but few and required much more study. Now, when the doctrine has made an established position, they say, "We have always believed in specific medication; the doctrine is as old as Hippocrates and is practised by all schools of physicians."—*Scudder*.

Temperature as an Indication of Fœtal Life.

According to Cohnstein, the temperature of the uterus is a more certain indication of the life or death of the fœtus than either its movements or the beating of the heart. The fœtus has a higher temperature than the mother and imparts it to the uterus; so that this organ is warmer than the axilla or even than the vagina. If the child die, the temperature of the uterus falls to the level of that of the other parts of the body, and even, Cohnstein says, below this, as the dead fœtus abstracts heat from it. This fall of temperature becomes perceptible two or three hours after the death of the fœtus and may be ascertained by introducing a curved thermometer a little way beyond the inner os uteri. In this way, also, the diagnosis between intra-uterine pregnancy may be assisted.—*British Medical Journal.*

Removal of the Tongue and Lower Jaw.

William H. Higiston, M. D., of Montreal (*Canada Medical and Surgical Journal,* March, 1873), recently removed the tongue and lower jaw from a man, aged seventy-one years, for a cancerous mass which involved the whole sublingual region, extended along the lower jaw from a little below the medium line on the right side to the second molar tooth on the left and eating away, in its progres upward, the frænum and a considerable portion of the under surface of the tongue. The patient made a quick recovery. He was presented before the Medico-Chirurgical society of Montreal, about four months after the operation with no great amount of deformity. Speech was restored to some extent, notwithstanding the entire abolition of the chief organ which gave it articulate utterance.—*The Medical Record.*

Treatment of Diabetes by Arsenic.

M. Devergie recommends the employment of arsenic in cases of diabetes and has satisfied himself of its good effects, even when no restrictions were laid upon the diet and farinaceous articles were freely partaken of.

Means of Preventing Pitting in Small Pox.

Dr. Revillod, of Geneva, has studied the various means hitherto applied for preventing the development of variolic pustules in the face. He discards collodion because it cracks the skin and causes too much pain; the sublimate because it does not prevent pustulation. He recommends glycerine, which through its exosmotic action diminishes the intensity of the eruption, whereas he cautions as to the use of washes with water or any other liquid which increases the eruption. His favorite formula is: soap, ten parts; glycerine, four parts; triturate and add mercurial ointment, twenty parts. This ointment does not prevent swelling of the face, causes no pain, and prevents pustulation. It must be applied before the pustules have been transformed into vesicles.—*London Lancet.*

Cannibalism.

The terrible physical sufferings endured by the Parisians and shared by many unfortunate foreigners who happened to be within the iron belt during the siege of the gay city by the Teutonic forces have become a matter of history. Not so the mental horror which must since have preyed upon many a sensitive organization on perusing the recent account of the trial in Paris of a wretch for selling pies made of human flesh during the bombardment. Meat pies, even in times of peace and plenty, amid a great center of population, are at once a mysterious effort of perverted ingenuity and a hazardous investment; although the worst said of them may be that feline or canine choppings form their chief ingredients. There is something so utterly horrible in cannibalism, even though inadvertent, and in the deliberate calculation of this Parisian monster that we do not wonder his unnatural crime, in exciting the utmost loathing throughout France, has enveloped the perpetrator with crushing punishment.—*Food Journal.*

Chemical Department.

CONDUCTED BY E. R. TAYLOR, S. B.

How to Test Milk.

To prove the properties of milk certain tests are useful. Those of Vogel are explicit and concise, viz.:

1. Fill a graduated glactometer with milk, let it stand covered for twenty-four hours, then the cream should at least comprise three lines of the glass in thickness.
2. Test with blue and yellow paper.
3. Taste, which should be insipid and slightly sweet.
4. The microscope.

"If nurse has been confined more than eight days, colostrum corpuscles and epithelial cells should not be present at all, or in small quantities, milk globules of unequal size or too many." "In pure milk," says M. Donne, "nothing but milk globules are seen." The same writer also shows human milk to be alkaline. I have not been able to find any reported case of acidity in human milk.

Unhealthy milk may be inferred by its scarcity of cream, change in color and taste, generally slight, but principally from microscopic examinations.

In 1853 Vogel first discovered vibriones in human milk' There was no fermentation, as the milk was alkaline. The child had all the appearances produced by malnutrition. From 1854 to 1861, Dr. Gibb, in an examination of many hundred specimens, found two genera of animalcula in the milk of women in whom the general health was disordered during lactation or in whom lactation was prolonged or an insufficient quantity of milk secreted. He also found, in all periods of lactation, milk varying in color, sp. gr. 1024 to 1035, and almost invariably neutral or alkaline. The children as a rule were badly nourished. The doctor believes that the vibriones themselves are not hurtful, but produce a bad change in the milk. Inflammatory globules have been found by Lehman and others when there was any acute affection in the mother. Vernois and Becquerel found "an excess of butter or caseine always to accompany an ill state of the nursling,"—*Walker; The Sanitarian.*

Arsenic in the Air of Rooms.

In spite of all legal enactments to the contrary, pigments containing arsenic continue to be used for carpets, wall paper and colored washes, more especially the compound known as Schweinfurth green. Hence arose frequent cases of arsenic poisoning. The author has endeavored to show by numerous experiments why and under what conditions arsenetted hydrogen should be developed. Schweinfurth green taken as a type of arsenic colors contains in addition to arsenite and acetate of copper more or less free arsenious acid, according to the more or less careful manner of preparation. Organic matter and moisture act upon this free acid so as to produce arsenetted hydrogen, and this is more especially the case when such substances as starch paste and gelatin are used with it as cements to fasten the paper to the wall, etc.—*Professor Fleck, Journal of Chemical Society, London.*

Test for Impurities in Water.

"Good water should be free from color, unpleasant odor and taste and should quickly afford a lather with a small portion of soap. If half a pint of the water be placed in a perfectly clean colorless glass-stopped bottle, a few grains of the best lump white sugar added and the bottle freely exposed to the daylight in the window of a warm room, the liquid should not become turbid, even after exposure for a week or ten days. If the water become turbid it is open to the grave suspicion of sewage-contamination ; but if it remain clear it is almost certainly safe."—*Heisch.*

New Depilatory, Free from Arsenic.

A mixture of one part of sodium sulphydrate and three parts of fine chalk moistened with water and kept in well closed bottles. *Dinglin's Polyteeknische Journal.*

Communications.

UNIVERSITY OF THE STATE OF NEW YORK,
STATE BOARD OF MEDICAL EXAMINERS,
Albany, August 28, 1873.

Mr. Editor :—A meeting was held at the Delavan House in the city of Albany, July 29th. A code of rules for the government of the board, also to give practicability to the provisions of the law by which it is established, where reported, and referred to the board of regents for approval. Two or three changes in the membership were also made by which a quorum can now be easily obtained in the city of New York. These changes were rendered necessary by the inability on the part of several members to regularly attend the meetings of the board.

The members of the board as at present constituted are John F. Gray, M. D., L. L. D., president; Dr. Horace M. Paine, secretary; Dr. E. Belcher, Dr. Henry B. Millard, Dr. William H. Watson, Dr. William S. Searle, Dr. John C. Minor, Dr. J. A. McVickar, Dr. Samuel A. Jones.

The departments established are the following: Dr. John F. Gray, institutes of medicine; Dr. John A. McVickar, homœopathic materia medica and therapeutics; Dr. John C. Minor, surgery and anatomy; Dr. Henry B. Millard, allopathic materia medica and therapeutics; Dr. William H. Watson, pathology and diagnosis; Dr. George E. Belcher, clinical medicine; Dr. William S. Searle, obstetrics; Dr. Samuel A. Jones, histology and physiology; Dr. Horace M. Paine, chemistry.

The code of procedure and the rules for the government of the board will be published in a few weeks in pamphlet form for general distribution to the profession throughout the state.

H. M. PAINE, *Secretary.*

Proceedings of the Homoeopathic Medical Society of Lorain and Medina Counties.

The above society met in Elyria on the 9th day of October, 1873 ; members present, Drs. M. P. Hayward of Oberlin, Sara B. Chase of Brownhelm, C. F. Cushing, C. F. Park and G. F. Peckham of Elyria; visiting members, Dr. Wm. A. Phillips, Cleveland; and F. Bond, Vermillion. Dr. M. P. Hayward was elected president *pro tem.*

The report of Dr. Sara B. Chase of her own case of illness was then read.

The minutes of last meeting were read and approved and the following officers elected for the ensuing year. Dr. M. P. Hayward, president, Dr. C. F. Park, vice president, Dr. G. F. Peckham, secretary and treasurer, and Drs. J. Rust, G. J. Jones and C. F. Cushing, censors.

On motion the name of the society was changed to the Lorain County Homœopathic Medical Society.

Dr. Cushing presented a report on cholera infantum.

Dr. Chase presented two specimens of tape worm from the same individual, expelled by kousso.

EMETICS:—Dr. Peckham claimed that emetics were called for in cases of (1) poisoning ; (2) an over loaded state of the stomach if irritating; (3) after an injury destroying the powers of digestion whilst the stomach is full; (4) in cases of intermittents of long standing where there is a perverted state of the secretions of the liver, stomach, etc.

Dr. Hayward thought emetics not admissible except in cases of poisoning.

Dr. Cushing thought they might be.

Dr. Hayward presented presented a report on treatment and diet in typhoid fever.

Dr. Phillips presented a paper on the treatment of the eye and ear.

Resolved that our next meeting be held in Oberlin on the second Thursday of June, 1874.

G. F. PECKHAM, Secretary.

Remarkable Recovery of Mrs. Sara B. Chase, A. B., M. D.

I have been frequently importuned to give, for the benefit of those similarly afflicted and the medical fraternity, a brief statement of my recent illness, means of cure, etc. Two years ago while engaged in lecturing to the ladies of Titusville, Pa., and vicinity, I was suddenly attacked with a derangement of the stomach of an alarming character. It did not commence as a chronic dyspepsia but there seemed to be a sudden and complete letting down of the powers of digestion characterized by sour stomach and severe gastralgia. The exciting cause of my first attack was occasioned by eating a dish of blackberries and milk which set up a ferment in my stomach and from this time onward I could retain scarcely anything upon my stomach, and everything I attempted to eat after remaining a few hours, would be converted into an acid so acrid as to excoriate the mucous membrane of mouth, throat and œsophagus, producing the most severe burning and neuralgia of the stomach and coming up with excruciating pain, vomiting would continue from hour to hour without any food or drink being taken into the stomach, and sometimes *the quantity thrown off each hour was not less than two quarts of fluid.*

In this state of health I continued my medical practice, having recently opened an office in Titusville, vomiting all night and seeing patients in my office or visiting the sick all day.

I tried every article of food thought fitting for such conditions of the stomach but could find nothing which it did not reject.

I could not live without nourishment and my appetite was an intense craving for food yet nothing I could eat could be digested. For two months I lived on oat meal gruel strained, a half teacupful per diem, and all of that would sour upon my stomach and eventually be thrown off. I became rapidly emaciated, decreasing in weight from one hundred and eighty to one hundred pounds, and still did not give up my practice though I could scarcely walk about the house. I was obliged to retain a sitting posture night and day because if I lay down the pyrosis was so intense that the stinging, burning acid would flow from my mouth and nose.

Every attempt at severe thought, sometimes even writing a letter would bring on gastrailia and I was forced to desist. I continued in this condition constantly growing worse for six months, when I was finally attacked with cramps of the stomach and spasms of an anomalous character, which were largely hysterical. Of all the physicians who saw me none had ever witnessed such a case. I vomited every two hours a dark green fluid accompanied with such intense agony as to set me into spasms. No one who saw me had any hope of my recovery. Every attempt at swallowing was attended with cramps along the whole length of the œsophagus and I was obliged to desist. There was now a slight tenderness at the pit of the stomach. Of course I must have nourishment in some manner and enemata of beef tea and thin starch were resorted to. If one pint of this was given promptly every hour I was comparatively comfortable, but as soon as the hour was up the torture in the stomach was so great that I would cry with pain until my nurse commenced to inject the nourishment. After refraining from food a week a physician got me to taste a drop of wine in order to try stimulation. In ten minutes neuralgia set in and in two hours I commenced vomiting, and continued to vomit for a week at intervals of two hours night and day, blood coming from mouth and nose caused by the abrasion of the mucous membrane from the intense acid of the secretion thrown off. Thus for six weeks I was in this unnatural manner kept alive and but just alive. I could not swallow even my saliva.

I plainly saw that if relief from some quarter could not be found I could not live long, and in very desperation I determined to get to Cleveland in some manner and put myself under the care of one of the professors of our homœopathic college. I arrived at the hospital fainting with every motion or exertion and was visited by Professor J. C. Sanders, a physician in whose skill I had as implicit confidence, as it was possible for me to have in any mortal. He immediately stopped the injections upon which I had lived for six weeks and commenced giving me one teaspoonful of new milk once an hour I could retain this and after a few days the ration was increased to two, and then to three and four, so that in three weeks I could take two tablespoonfuls of milk at once. What medicine he gave I did not know at the time but have recently received a letter from him giving the treatment in full which I present for your consideration.

In two months I was able to crawl out and lie upon the grass and drink in the sweetness of the spring atmosphere. During the summer I had a varied experience. I was ravenously hungry all the time and often ventured to take too much milk at once or too often, but each violation was attended with a return of serious symptoms, vomiting, bloating of the abdomen burning in the stomach, acid eructations, flatulence and muscular contraction and rolling of the abdominal walls. I sometimes attempted to eat a little of some other article of food, but invariably had to rue my folly.

My constipation during the whole time was fearful. I did not increase in weight but my strength was remarkable.

In August last (1872) I had another severe attack, so much so that my life was again dispaired of and several physicians pronounced my case cancer of the stomach. I never for a moment as low as I had been, gave up that I was going to die, never felt that I was in danger of dying with this disease, was determined to live and was constantly cheerful and hopeful, but now the decision of so many that my disease was carcinomatous in its character brought me to look upon the dark side for a short time for I knew that if it were cancer the case was hopeless. Dr. Sanders, however, persisted that my disease was ulceration of the stomach and not cancer, but no one had ever seen or read of a case resembling mine in any degree. From this time I began to improve rapidly, gaining in weight upon an average five pounds a week. I ate one quart of cream and three quarts of milk in twenty-four hours, a glass full every one and a half or two hours and was not satisfied even then, I longed for something more solid. Often I tried something else but even a piece of bread the size of a nutmeg would cause a return of serious symptoms and a decrease in weight as rapid as the increase before. Scarcely a day passed during all these months of recovery that I did not have an attack of vomiting. For one year I did not lie down in a comfortable position but sat erect in bed for my stomach would seem to rise into my mouth and this even after I began to be so much improved. Also during one entire year menstruation ceased.

In March I moved upon a farm that I might regain my health. by out door exercise. I had not taken medicine during the last nine months and do not know how long I might have been confined to a milk diet had I not commenced taking nux vomica 14th. I soon began to eat bread in small quantities, and then one article after another until there was soon scarcely anything that my stomach found any difficulty in digesting. The last battle was with fruit and within the last month even this has been allowed me. For two years fruit of all kinds had been particularly poisonous.

Some people have said to me "So, Dr., you think milk has cured you." I say " milk as a diet, nature my cure."

I give all due credit t● the homœopathic treatment, but if I had not found a diet that could have nourished me, medicine would not have saved my life. A greater portion of the time I have taken no medicine whatever and the skill of my physician was as manifest in the selection of appropriate diet as in the remedies used.

I must render a tribute to the value of lemon juice. Many times have I stopped the accumulation of acid by the use of this agent and thereby saved myself many hours of suffering. To-day I am in the enjoyment of as good health as I have had for ten years and there are apparently no traces, except in memory, of the terrible disease which has so long and so relentlessly held me in its grasp.

Some lessons I have learned by sad experience that others similarly afflicted would do well to heed. When the stomach is inclined to be sour or to generate acid gas when a fermentation in any degree is set up be sure and take no kind of food, let the quantity be ever so small until the stomach is perfectly quiet and free from fermentation. Had I understood this as I do now I should never have been brought so low.

I have also learned that food will not digest easily when the mind is constantly upon a stretch. My disease was not caused by violation of the laws of nature as regards the quantity or quality of food nor deficient mastication, but by allowing my mind to be upon a constant tension while eating and immediately after. I am convinced that my disease was in the commencement nervous dyspepsia, which led subsequently to ulceration perhaps, or abrasion of the mucous membrane of the stomach, and all caused by over taxation of the nerve force during and subsequently to the partaking of food.

I have moreover learned that in some diseased conditions of the stomach food will be digested more rapidly than when in health. If I now should eat as frequently as I did last summer my food would not be digested and I would bring on dyspepsia. Then my stomach would become entirely empty in less than two hours and call loudly for food, and its demands were imperative; no matter where I was I *must* make arrangements to supply this demand at the appointed time, and still if fermentation was set up I might be obliged to refrain from food for forty-eight hours or even longer until the demand for nourishment was entirely gone.

I have also learned that oatmeal is not a suitable diet universally for diseased conditions of the stomach. It has been particularly obnoxious to me in any form ever since I was taken sick and I attribute my rapid decline more to the persistent use of oat meal gruel than to any other cause thinking it must be the best diet from its very simple and nutritious character. I find that ever since I could eat Graham mush or bread and butter, oat meal would immediately set up a fermentation. I could eat biscuits made with saleratus or baking powder when bread raised with yeast would sour at once. It is interesting now that the suffering is past to look back and note the different effects produced by different articles of diet. Sugar, or the least particle of anything sweet would produce intense burning acid. Eggs in any form would rest quietly for two or three hours, then a pressure as of a stone increasing in weight until the agony was unendurable, finally souring, bloating the abdomen and filling the stomach to such a degree that for eating at most one teacupful, egg and all, I would vomit a gallon at one ejection a few hours after, and this only after running my finger down my throat to induce nausea. Had I waited till the stomach itself unassisted threw it off I fear it would have ruptured the walls of the stomach for there was no inclination to vomit.

In all my sickness and with all my vomiting there never was any real nausea, cramps or spasms of the abdomen seemed to force the stomach to yield up its contents or I was obliged to resort to the finger in the throat. I attribute my final recovery very much this practice. Instead of waiting and allowing the stomach to become irritated by the presence of acid I would empty the stomach and even drink largely of water and throw this off, repeating the process until the substance thrown off was free from acid, then by taking lemon juice the stomach would remain sweet, otherwise an acid secretion having been set up it would continue the process indefinitely.

I have learned the lesson that all patients with apparently the same symptoms do not require the same treatment. Many things were recommended to me as having cured similar cases and I 'like a drowning man catching at straws' tried one after another with no success. One had been cured by the use of honey, and I will here say that the first sweet of any kind my stomach could receive was honey.

There was one remarkable feature in my case, my head never pained me one moment and my mind never was depressed. There was rather an exaltation of my nervous system and my brain power was more active than when in health, and I think there was sometimes a condition of the brain resembling intoxication, especially when this fermentation as of beer seemed to affect the whole system weakening the body but stimulating the mind to undue activity. During the entire summer last year I could not get rest long enough to sleep. I lay awake all night sometimes sleeping only three hours in twenty-four and I would lie and sew or knit, for if I did not employ my mind in this way I would be so restless that I could not content myself. I read a great deal, but this did not agree with me so well as labor of some light kind wherein I was not obliged to exert my thinking powers. When I think of the wonderful change that has been wrought in my system in a few months I am led constantly to bow in reverence to those powers that have been ordained by God in nature for the restoration of diseased organisms. Complete and perfect restoration in my physical system such as I now feel I never again expected to enjoy, and I feel like proclaiming aloud the joyful truth that others similarly afflicted may take courage and hope.

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308 PROSPECT ST., CLEVELAND, OHIO,
June 20th, 1873.

MRS. SARA B. CHASE,
Brownhelm, Ohio :

My Dear Friend :—Your favor is in hand. I am glad you have written up your case so remarkable in its extremity and its recovery.

The remedies used were four, *aconite, lycopodium, sepia* and *sulphur*, as I found their special index in the multitude of symptoms presented. These four were the only remedies prescribed by me. Through all the acute stage and stage of tenderness *aconite* alone, this low, the others the 30th.

The prominence given to the diet was scarcely less than just in the resources of cure. This is all I can say on the treatment. It is simple and yet sufficed. Each remedy did its appropriate work and was exchanged only as a symptom or symptoms pointed to another remedy more prominently.

Yours, etc.,

J. C. SANDERS.

Surgical Notes.

BY. C. H. VON TAGEN, M. D.

Case of Bending of the upper Third of emur with Partial Fracture.

An Italian child aged 3 years and 6 months, of dark complexion was knocked down by a horse, the vehicle, a light buggy containing two men, passing over the right thigh in an oblique direction. The portion of the limb that was run over lay across an inequality in the street, which was paved with stone, known as Belgian blocks. Upon examining the limb it presented an extensive ecchymosis, showing plainly the imprint of the wheels, it was much bent and shortened at the time but was not much swollen as I reached it very soon after the injury was received. By making extension and counter extension the limb could be drawn out to its natural length but immediately upon relaxing all effort the muscles would retract and the deformity above described would return. Extension elicited only a faint crepitus but by fixing the hip joint and thus securing the upper portion of the bone and then seizing the foot and knee and making the motion of rotation and circumduction crepitus could be both felt and heard distinctly. The limb was thoroughly bathed in *hot* water and soap, which, by the way, is a most soothing process, as it tends to alleviate much of the soreness and at the same time aids in preventing swelling. Afterwards the limb was dressed by the method known as Swinebourn's apparatus, which does away entirely with splints. A roller bandage was then applied from the toes up to and embracing the hip joint and ilium of pelvis of the injured side. This appliance was kept on for a period of eight days and afterwards replaced with a plaster of Paris splint extending the same length as the former. This form of splint will need no special description here.

For the benefit of our readers who may not be familiar with Dr. Swinebourn's plan of dressing fractures of the leg and thigh I will give a brief description of the same. A strip of adhesive plaster about 2 inches wide and some 16 or 18 inches in length is fitted with a block of wood 3 inches in length, 2 inches wide and $\frac{1}{4}$ to $\frac{3}{8}$ of an inch thick. The block is secured to the plaster strip at its center, lengthwise, by means of additional plaster strips. A hole is now bored through the centre of the block and a stout cord or thin rope passed through, knotted at the end so as to prevent it being returned. The rope should be long enough to extend from the patients' foot and run over the end of the bed to which a weight of some 4 lbs is to be attached and allowed to swing clear of the floor some 4 or 5 inches. The long plaster strip first described, is now to be applied along the inner and outer sides of the leg and above malleoli on each side. The block of wood now serves to prevent pressure upon the malleoli and thus prevents ulcerative absorption, which would be the inevitable consequence were this not the case. Two or three strips of plaster an inch wide and long enough to encircle the leg are placed at equal distances between the malleoli and the upper ends of the plaster placed along the sides of the limb. This done, bandage the limb from the toes to the hip. Two stout canvass bags long enough to extend from the crest of the ilium to and projecting an inch below the sole of the foot and in circumference large enough to tower somewhat above the surface of the limb ; the other of the same thickness and long enough to extend from the perineum to the same length below the sole of the foot. These afford lateral support to the limb and thus act in the stead of splints. The bags now being placed in position which by their own weight they maintain, the weight is attached. After the rope has been passed through a pully fastened at the foot board, or if the bed has a foot board, an augur hole of half an inch in diameter bored through it and well soaped so as to allow free play, will answer all practical purposes. The foot of the bed is now to be elevated by placing a block ot wood about 3 inches in thickness under each foot, or at the lower end ; this gives the couch an incline toward the head and thus the patient is prevented from settling toward the lower end. The patient's head should be placed upon a moderate-sized pillow, not too high, and be obliged to lie, flat on his back. In addition to all this the mattrass should be provided with an aperture with a properly fitting plug through which both water and stool may be passed. With such an apparatus properly applied the patient may rise to a sitting posture for this purpose without disarranging or disturbing the dressings or fragments of bone, but of course cannot turn upon either side without danger.

The plaster of Paris splint was allowed to remain on for a period of four weeks and then removed when the limb was found all that could be desired after so severe an injury. The most careful measurement failed to detect any appreciable shortening and the closest scrutiny the least deformity. In conclusion I will state that the size of an apparatus of this kind should be proportionately large for an adult and the weight from 2 to 4 pounds heavier. One great advantage this apparatus possesses above all others for this purpose is that no shifting of the patient will alter the extension so long as the weight be kept above the floor, and is constant so long as it is kept applied.

Bending of Ulna and Radius without Fracture.

During the fall of 1867 a child aged 13 months, was brought to me with both bones of the fore arm bent almost, if not quite, to the segment of a circle, and yet by the most careful and repeated manipulations would not give forth the slightest sound or feeling of crepitus. The accident occurred in the following manner. The child was left playing in a bed room on the second floor, unguarded. It crawled to the head of the stairs and losing its balance pitched forward, making several revolutions between the top and bottom of the stairs. When found it was lying with its right arm doubled up under its body, and when presented for treatment, which was on the same day, the arm was found in the bent condition described. The fore arm was much ecchymosed along its anterior and posterior aspects, and was swollen its entire length. After snugly bandaging the arm from the hand to the shoulder, a straight padded splint was applied, extending from the metacarpal articulation on the palmar surface, as the bend was directed outward or rather posteriorly, and thus by a gradual process tightening the bandage every few days, (replaced more snugly as the swelling yielded), the arm was restored to its former shape and usefulness. The time occupied in the accomplishing of this process was three weeks, when all the dressings were removed. The tumefaction yielded to the pressure of the bandage after the lapse of one week together with the use of arnicated water.

Editorial.

The Old and the New.

With this number the OHIO MEDICAL AND SURGICAL REPORTER completes its seventh volume. While those who have conducted its affairs feel that they have greatly improved the magazine typographically and otherwise during the past year they have not yet attained their full purpose and they intend to constantly make the REPORTER more and more valuable until it shall become at least the rival of any medical periodical in the world. Other improvements are planned for the next volume, which we prefer to exhibit to our readers without boasting of them in advance. Subscriptions will be received at any time but the advantage of beginning with the January number are obvious. Now is the time to renew subscriptions. We expect to not only retain our old subscribers but to secure a large addition to our list for the eighth annual volume. Address L. H. Witte, No. 17 Monument Park, Cleveland, Ohio. Write early to insure the receipt of the first number.

Free Carbonic Acid Spring.

At Burr Oak, St. Joseph county, Michigan, scarcely half a mile from the depot, on the land belonging to Mr. H. Hegebach, is a spring the water of which has been lately analyzed by Professor Kedzie of the Michigan state agricultural college at Lansing, showing its composition thus (in imp. gallon):

Bi-carbonate soda - - - -	1.8456	grs.
Bi-carbonate potassa - - - -	2376	"
Bi-carbonate lime - - - -	11.8533	"
Bi-carbonate magnesia - - - -	5373	"
Bi-carbonate iron - - - -	2314	"
Chloride of potassium - - - -	9259	"
Chloride of sodium - - - -	1.2962	"
Sulphate of lime - - - -	5551	"
Silica - - - -	4938	"
Organic matter - - - -	2.1829	"
Total solid parts in solution in imperial gallon..	20.1616	"
Solid constituents in suspension - -	8471	"
Free carbonic acid gas in imperial gallon.........	40.1124	c. in.

This amount of carbonic acid makes the spring in question worthy of notice, the more as the water has been freely used in the neighborhood and with undoubted benefit in a good many instances. Eczema seems to be the disease which yields readily to the tonic influence of this water and the supposition is that kindred ailments must also be curable by the same means.

The Cleveland Homœopathic Dispensary

Continues its good work and is daily thronged with indigent patients who grasp this means of securing competent homœopathic medication thus afforded them, the services of G. G. Biggar, M. D., having been secured for the ensuing year.

The advantage of having paid services is making itself felt and is much greater than that of voluntary attendance upon the part of physicians inasmuch as it secures a punctuality not obtained by the old method. During the session of college too, it affords means of counsel with physicians having specialties and cases of unusual interest are thus afforded the college clinic, the dispensary being conveniently located in the same building and open every forenoon from ten to twelve, Sundays excepted. The dispensary is now to be kept open the whole season and will not be affected in this respect by the opening or closing of college.

Correction.

We take pleasure in informing our high-dilution friends that in our report on page 229, present volume, they are requested to read *Bell.* 40,000th instead of *Bell.* 40th. Please give Dr. Peckham due credit.

Literary Notes.

THE PASSIONS IN RELATION TO HEALTH AND DISEASE. Translated from the French of Dr. H. Bourgeois, by Howard F. Damon, A. M., M. D. Muslin, 12mo. pp. 201, $1.25. James Campbell, Boston, 1873.

When mankind is so plentifully endowed with passions it can but be an advantage to know how their gratification affects the health of the possessor. The physician daily comes in contact with people having disorders which can with difficulty be traced to this fountain head. It is important to him to ascertain the secret cause of his patient's disorder. He is always investigating causes, and if conscientious, he tries to remove them when they do harm.

Now it must be acknowledged that sexual excesses occasion much more suffering than the masses are aware of. We all know that there are men who by their own observation learn to avoid wine and women but there are others who think discretion and temperance will preserve them from any harm. Did these men but know when they exceed the limit of temperance how much they would change. Let us not cry "Sinner, you are lost," but let us show them the results of their error and open to their understanding a better way.

If they are assured more happiness lies therein, can we for a moment think they would not immediately follow it. Now, this little work does just this for us. It points out the errors of allowing the passions to control, shows the evils resulting therefrom and though truthful enough to recognize the fact that every faculty and every passion was created for a proper use, yet it portrays with all the vividness of a passionate Frenchman the sufferings arising from their abuse. "To the pure all things are pure," and we cannot for the life of us imagine how any well-informed physican can say the work is obscene and should be prohibited transportation by mail. It would seem to verify the words of Lord Lytton's hero, Kenelm, when he says, "The learned professions in an invidious form of speech that we are doing our best to eradicate from the language." We assure such critics that they 'would not be the worse for a little book reading now and then, and if the same hero is right when he says "People who flagrantly pretend to anything are the reverse of that which they they pretend to" we advise these would-be critics to read this work just a little more and see whither they are drifting, to throw aside maudlin sentiment and search a little after *truth.*

We know of none who would call "Acton on the Reproductive Organs" an obscene work, and yet Acton speaks as plainly as Bourgeois. We venture to assert that if the author had turned the force of his talents in the other direction and as vividly sketched the pleasures and allurements of the passions as he has here made them hateful and odious he would have gained much praise from such critics and his work would have been placed with its lascivious companions written by Byron and Mühlbach.

Because he presumes to say "Above all there should be established between father and son, between mother and daughter, a tender confidence; and it should always prevail. Then when love shall insinuate itself into the soul it will be acknowledged. Then only will an honorable and worthy sentiment be allowed to develop. * * The ancient custom of betrothals is the safeguard for the purity of morals and the happy association of man and wife," he is set down as an advocate of promiscuous love.

Because he says :—

"Love becomes the greatest of blessings, or if abused, the direst of curses;" attempts to define it as "An attraction towards the beautiful, the good, the true, with a lively desire for possession";

Speaks of its manifestations ;

Speaks against the evils of coquetry ;

Elucidates the physiological and social bearings of love;

Describes the age of puberty and the symptoms of love;

Inveighs against unbridled love and portrays the wreck it occasions ;

Acknowledges different and complementary faculties in man and woman and admits that they have sympathies for each other ;

Describes the varied characters of love in each sex and considers *indissoluble* marriage the consummation of love ;

Knows love is happy if successful and miserable if thwarted and may occasion disease and death;

Knows happiness facilitates the vital functions and ventures to record a few cases of disease, misery and death from thwarted love ;

Advocates the advantage of marriage for society and man himself ;

Acknowledges the inconveniences and dangers of celibacy while he praises its advantages ;

Recommends treasuring the vital functions until mature, and paints the evils of not doing so;

Declaims against incompatible marriages between those disproportionate in age or subject to constitutional and transmissible diseases ;

Gives some facts weighing against the intermarriage of blood relations;

Speaks of the means of governing the young and their passions and speaks of the reciprocal duties of members of families toward each other in every day affairs;

Has seen favorable results follow hygienic and medicinal means in disordered love;

Defines libertinism and devotes only nine pages to its history and that of its votaries and thinks herein he has found the key to the downfall of nations and the effeminacy of man in all ages, and thus brings the strongest possible argument against this vice, ventures to seek its causes and suggests a means for their removal;

Proves that continence is harmless and even beneficial, acknowledges the gradual descent from virtue to vice, wishes it checked in the beginning and describes the evils arising from failure to do so;

Devotes a chapter to syphilis and describes its horrors;

Bows before natural laws and dares to investigate why libertinism is so hurtful giving a few statistics of determining causes to vice;

Insists that excesses are more injurious to the sick, the delicate, the young and the aged than to the strong and healthy man in the prime of life;

Shows the immorality and imminent dangers of conjugal as well as of solitary onanism on both soul and body and its treatment by moral hygienic and coercive means;

Informs us how to combat libertinism by acting on the heart, the senses and the intelligence and hints to us how to assist this intellectual warfare with medicinal means;

Thinks the education of a family can favor good morals;

Says to the young man "know also that in these iniquitous intercourses you blast forever the most tender sentiments of the soul. Fear then these deceitful pleasures! Fly from them; for under seducing appearances are hid inevitable dangers";

And finally because he sues for a more real protection for woman against unlawful temptations;

Because, forsooth, he does all this he is a libertine and not to be trusted.

Why such nonsense!!

Let us search more critically, perhaps we may strike the key note which has caused such adverse criticism. Is it envy? We hope not. Is it mock modesty? We cannot say. The work thoroughly strives to inculcate virtuous habits and deduces the weightiest arguments against immoral practices. Perhaps had the nine pages of history been left out our friends would not have rejected the book as dangerous. Yet we get the same in our histories while here it is merely summed up to prove that this vice always works the ruin of the nations in which it becomes rampant. Friend, lay by your antagonism and read more critically; reading, think; thinking, digest; having digested, acknowledge your error.

Perhaps, however, the objection so strongly urged lies in an obscure passage in which the author gives his adhesion to the doctrine that the ovum of the female escapes at the time of or soon after the menstrual flow and that impregnation takes place only at such time. Is this doctrine true? If it be true is it immoral to affirm one's belief in the truth? We believe the theory is not in accordance with facts. We think there are numerous cases in which the ovum descends in answer to the stimulus of coition. We have neither time nor space to argue the question here, but we hope at some future time the question may be settled beyond dispute, by the investigations of physiologists, and in a way which shall not shock any modest man with its immorality.

CHEMISTRY, Inorganic and Organic. With Experiments. By Charles Loudan Bloxam. Octavo, 700 pp. 295 illustrations. Cloth $4.50; Leather $5.50. Philadelphia, Henry C. Lea,

A very valuable work, devoid of superfluous language. Definitions are short, to the point and easily understood and at the same time comprehensive. Many who are unable to comprehend other works would be able to master this. Those having any taste for the study of chemistry will do well in obtaining the above work.

CLEAVE'S Biographical Cyclopedia of Homœopathic Physicians and Surgeons. Galaxy Publishing Company, Philadelphia, 1873. Muslin, 8 vo., pp. 512, $15.

This work has received favorable notices from the majority of our journals before it issued from the press and though we withheld our judgment we are not sorry we did so. It is a book worthy of much commendation, but when one is asked to pay out a hard earned fifteen dollars for a book of 512 pages bound in muslin he would be very apt to exclaim "I want an equivalent for my money, and if you can only afford to give me sketches of the less eminent mingled with a few of the notables I don't want the book. It isn't worth the money." True, the book has numerous steel plate engravings of very handsome, of very homely and of very ambitious men, yet the majority of the most wished for portraits are absent. We want to see the faces of some of our modest men too. Yet some of the most ambitious take a very modest position in it.

As we already intimated to our readers there are numerous fine steel plate engraving among which (selecting at random) are those of Hahnemann, Thomas, Richards, B. W, James, Pratt, Currier, Baldwin, Frazer, Willard, etc., etc. We think, however, we would look at our $150 a long time before we would part with it for the sake of having our shadow placed in this book and of claiming the worn plate after its publication.

We think the publishers have their *quantum sufficit* of this cyclopedia and they write us that they consider themselves sold. The profession has not supported them and many subscribers have refused to take the book at the price. Dear publishers, don't value your work so high and you will get sale for it, bring the price down to a reasonable figure and show proper courtesies to your brethren of the press. The book is good but in your next edition you must correct the errors and supply the deficiencies. You must show yourselves above the petty spite apparent in the present preface. You have excluded the name of our most esteemed friend Duncan simply because he knew in advance the character of the work and expressed his opinion thereon, and you would have done the same thing against our friend McClatchey had not that part of the work containing his name been printed before his opinion reached you.

You know and our readers know that notes from which to form sketches have been advertised for in many of our prominent journals. Of necessity this has induced many a young and comparatively unknown man to furnish glowing and ambitious notes and in your book we have them promiscuously mingled with those of older, better known, and may we say no less worthy men, dimming the record of the life long and noble achievemehts of these veterans by the length and beauty of their own sketches.

The book is interesting since it is so varied. We see the personals of the characters standing out in relief obscured only by the editorial veil. Their ambitions and aspirations are thus somewhat softened and men who would roughly jostle their neighbor are here standing as innocuous by his side as Christian gentlemen.

The typographical mistakes are numerous and annoying. Titusville appears as Ziterville, Jahr as Jahn, Haldimand as Haldemand; the man who removed to has gone to, as if a man who had gone anywhere always intended staying there even if his wife, friends, business and everything else did not compel him to return.

In one of the glowing modified autobiographies referred to we find, "In A. D. —— he went to —— college, passed his examination with unusual credit and received his diploma from Dr. ——," as if the doctor had the power of granting as many degrees as he chose. The person referred to happened to pass his examination with unusual *dis*-credit, and we pity the editor who has been so imposed upon. In another place, opening the book at random we find a noted man traveling through *a whole county* (on foot we suppose, else it were not a large undertaking) and "acting as a pioneer and a propagandist" of our noble homœopathic doctrine.

In looking for the name of Prof. G. O. Spence of this city we discovered it could not be found, but later we accidentally came across it as Spencer.

We miss the names and faces of many eminent men and acquaintances which we thought the enterprising publishers would have secured at any cost. We long to have some of our pioneers recognized according to their merits. Why have we not been told something about the venerable Blair and Wheeler and Johnson of Ohio, and of their descendants, of Leuthstrom of Milwaukee, Fellows and Duncan of Chicago, and of H. M. Paine of Albany who has done so much for homœopathy in the State of New York. Where are the sketches of Swazey, C. Morrill, L. and G. Barnes, the Beckwiths, I. T. Talbot, etc., etc. ?

HERING on Typhoid Fever.

If the profession show a sufficient appreciation of this pamphlet it then becomes the foreshadowing of a large and exhaustive work on Therapeutics, in the same style and by the same author, the learned and honored "Nestor of Homœopathy in America."

The plan of the work is as follows :

The author first defines the disease and then enumerates the various pathological forms with the remedies applicable to each. Following this come directions in regard to the care of the sick room, then the more extensive part of the work, which is essentially an elaborate repertory, and shows a depth of knowledge which perhaps no other than the author himself possesses. Each physician should possess enough knowledge of materia medica to enable him to readily select his remedy from the symptomatology, and any work which tends to further this knowledge deserves his thanks. Whether this work will accomplish such a result for any one depends of course upon the person himself and hence we must say to each of our readers—If you use repertories much you will find this work invaluable, while if you are not impressed in their favor it will be useless for you to purchase it.

We have however omitted speaking of one very important feature of this work. The author gives the relative value of each remedy for particular symptoms occurring in the course of the disease. In this respect it is superior to any other book with which we are acquainted, and here his learning is of most use.

For the small sum of fifty cents you can procure a specimen pamphlet and thus judge for yourselves whether the work will be what you want. Address the publisher of this journal.

BŒNNINGHAUSEN'S Homœopathic Therapia of Intermittent and other Fevers. Translated with the Addition of New Remedies, by A. Korndœrfer, M. D. 12 mo.. pp. 243, Muslin, $2.50. Bœricke & Tafel, Philadelphia.

We prepared an elaborate notice of this work, but some accident deprived the printer of its possession and we find ourselves obliged to write this second and hasty notice.

We know there are many physicians who rely very considerably on their repertories and to such this book will be a great assistance. It is accurately translated from the German, and like the original, is faultless in typographical execution. It is divided into four parts of which we consider the first of the most practical value. It comprises sixty-pages and gives under the appropriate heading of each of one hundred and fifty-three remedies the prominent fever symptoms of that remedy thus:

CHININUM SULPHURICUM (Chin. sulph.)

1. Pulse slow, particularly after eating, or during periodic diseases; full or small, but weak and slow; frequent during the heat.

2. Chill, regular paroxysms at the same hour; during the chill, blue lips and nails, ringing in the ears, pale face. During the paroxysms, pain in dorsal vertebræ on pressure; pain in the region of the liver and spleen, on bending, taking a deep breath, or coughing; urine gives a brick dust like, or fatty sediment, or contains crystals of urates.

3. Heat, with red face.

4. Sweat, easily excited through the least exertion. Debilitating sweat.

Part II is a repertory to the fever symptoms.

Part III gives the relation of the fever stages to each other with the remedy which corresponds to that relation.

Part IV gives the pathological names of the various forms of fevers and the remedies applicable thereto.

For sale by L. H. WITTE.

THE LONDON MEDICAL RECORD. A Review of the Progress of Medicine, Surgery, Obstetrics and the Allied Sciences. Published Weekly at 20 cents a number or $8.00 a year.

This is a live journal containing abstracts and reviews by eminent English physicians. Send for a specimen number to G. P. Putnam's Sons, Agents, 308 Fourth Avenue, New York.

OPHTHALMIC CONTRIBUTIONS. Containing 1: Dermoid Tumor of the Cornea; 2: An Additional Method for the Determination of Astigmatism, with An Abstract from a Paper on Ophthalmetrical measurement of the Cornea and Crystaline Lens; 3: Cyst of the Iris, Removed by Operation. By Geo. Strawbridge, M. D. Published by Lindsay & Blackiston, Philadelphia.

Personal.

Dr. C. J. Farley of Sandy Hill, Washington County, N. Y. desires to surrender his practice into the hands of a good homœopathic physician. For particulars address the doctor.

The following are the officers of the Nebraska State Homœopathic Medical Association which was organized in the city of Lincoln the 2d of last September:

President, E. T. M. Hurlbut, M. D. of Lincoln; Vice Presidents, A. S. Wright, M. D, of Omaha, J. H. Way, M. D. of Nebraska City: Treasurer, O. S. Wood, of Omaha.

REMOVALS.

Dr. H. H, Jackson from Painesville, O. to Cleveland.

Dr. A. Noxon, from Almonte, Lanark Co., to Bloomfield, Prince Edwards County, Ontario, Canada.

W. A. Phillips, M. D., Oculist and Aurist, is welcomed to Cleveland by his professional brethren, bringing with him the best evidence from worthy institutions of having thoroughly posted himself in Ophthalmic and Aural Surgery. As there is an acknowledged demand for workers in this special line in the homœopathic school, we wish the doctor a Godspeed.

Dr. H. M. Logee from Linesville to Oxford, Butler Co., Pa.

MARRIED.

October 30th, 1873, Dr. H. H. Jackson to Mary A. Edwards.

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